

C.K. CLARKE the Real Father of CAMH (SCAMH):  
The “INDIVIDUAL APPROACH” and  
THE VIRTUAL ASYLUM  
(CIRCA 1905-1920)

you will [be] in the hands of Justice before many minutes go by [and] ... mighty sorry you have abused me for you will hold a swell position as prisoner & occupying a cell in the Central Prison[.] [T]here you will have to work for your living you will then repent of your sins by Heaven you will.

Miss Stein, 191

Published on the occasion of the Canadian centennial and the recent completion of the Clarke Institute of Psychiatry, Cyril Greenland's encomiastic pamphlet on Dr. Charles Kirk Clarke is prefaced by M.B. Dymond, M.D., then Minister of Health.<sup>i</sup> Dymond sees no inconsistency in praising Greenland's subject, Dr. C.K. Clarke as apolitical, except when he had "to harass busy politicians in order to provide better care for the mentally ill." The exception is considerable, given how closely Clarke worked with the nation's elite to control a perceived plague of mental degeneracy from soldiers, workers, immigrants, and women. Perhaps Dymond would have approved of Clarke's stigmatization of the staff at the Hamilton facility as "an immoral and uncontrolled rabble" (9).

Clarke's apolitical politics are equally dear to Greenland, who, nearly thirty years later, begins an essay, "Origins of the Toronto Psychiatric Hospital,"<sup>ii</sup> with a similar statement of Clarke's disdain for politics, conveniently (and inexplicably) exempting Clarke's own "political connections and considerable know-how."<sup>iii</sup> This essay appears, incidentally, in a volume edited by Edward Shorter, which the latter introduces by celebrating the end of Marxism and the dawn of a new class unconsciousness in medical history.

Greenland glosses over the political career of Clarke's father, the Honourable Lieutenant-Colonel Charles Clarke, a reform leader and former speaker of the Provincial Parliament. Greenland's conclusion, that C.K. Clarke's "antipathy to politics and politicians was, perhaps, inevitable" ("Origins," 21), follows from a faulty generalization, and is not born out by events. Colonel Clarke was a long-time friend and political ally of Joseph Workman (one of Colonel Clarke's daughters married one of Workman's sons) and it is through this connection that C.K. Clarke, in this regard not unlike Workman himself, became the latter's clinical assistant in 1874-5. Subsequently Clarke assisted Dr. William Metcalfe at the Rockwood Asylum in Kingston, his brother-in-law and himself a Workman disciple. Greenland paints an idyllic picture of the pair, finally free from ignorant rabble below and lay dictators above, "to test the theories they had so often discussed and ... to realize their ambitions in this new and important field of medicine called psychiatry" (9). The idyll is shattered on August 13, 1885, when they are attacked by a patient, Patrick Maloney. Metcalfe dies of his wounds, but Clarke defends himself successfully, thanks no doubt to his pioneer stamina.<sup>iv</sup> Clarke succeeds his brother-in-law, as Medical Superintendent of the Rockwood Asylum, Kingston.

Greenland's "Origins of the Toronto Psychiatric Hospital" is essentially a rather misleading and, in historian Thomas Brown's sense of the word, "Whiggish" history of the development of the contemporary Clarke Institute.<sup>v</sup> What Greenland calls "a tortuous path" (19), is so convoluted that one might suspect him of having tangled the "paths" of several projects begun with very different motives. Seeing these as

one "path" and that a "progress" leading to the unqualified success in the creation of "a world-class psychiatric centre" is what makes Greenland's account such an egregiously flawed example of this kind of history. One effect of it here is to merely reproduce, or even to reinforce Clarke's own rhetoric, first by heroicizing his militancy as the "stalwart" leadership of an intrepid band of pioneers, second by practising Clarke's own rhetorical sleight of hand whereby measures are proposed in the name of people and institutions, and in the name only. Greenland characterizes Clarke's clinic as the "linchpin of the new mental health system" (21), a part of "the move from asylum to hospital" (22). If so, the only wheel it held in place was on Clarke's juggernaut. The vast majority of chronic patients, of "defective immigrants," of "degenerates," of "feeble-minded women," of "high-grade morons," to name but a few of Clarke's *betes noires*, the poor and the working poor, went nowhere. They were sacrificed.

Dr. C.K. Clarke was born in 1857 in Elora, Ontario and died in 1924 in Toronto. He became Superintendent at the Toronto Asylum in 1905 and resigned in 1911 when he became Superintendent of the Toronto General Hospital. In 1908 he became a full professor of psychiatry and Dean of Medicine at the University of Toronto. His career was marked by a long struggle to establish a psychiatric hospital, establishment of the first psychiatric clinic in Canada in 1909 (more precisely an out-patient service), and the formation of the Canadian National Committee for Mental Hygiene, with himself as Medical Director in 1918.

The changes which his career describes, the collaboration of psychiatry with psychology, the dissemination of psychiatry into the community, through schools, clinics and general hospitals, and finally its nationalization in the form of the Mental Hygiene movement, represent for Clarke what he calls "emancipation from asylum life" (1140).<sup>vi</sup> Clarke stresses the greater experience this "emancipation" offers, but it is apparent that this emancipation for the doctor has other implications for his patients, as with this greater experience comes greater control and power over the patient's entire life, literally from birth to death. It amounts to the transformation of the "aloofness of psychiatrists shut up within the walls of custodial institutions" (1140), into a more outward-looking militancy as Clarke urges psychiatrists to become "aggressive leaders ready to show their mettle in a great cause" (1140). The following pieces dramatize how Clarke and his colleagues and successors attempt at once to enlarge and disguise his authority, emancipating it from the old asylum of brick and mortar and lunacy, and erecting in its place the "virtual asylum" of mental hygiene.<sup>vii</sup> Clarke's writings on the subject are intriguing, not just because of their depiction of his pivotal role in the process (the last of the "great" Asylum doctors, the first of the psychiatrists), but because of the divided allegiance, nominally to the Asylum and other institutions like it, but in reality to something that, intentionally or not, would eclipse it.

Clarke's single most important innovation at the Toronto Asylum was what he termed the "individual approach," which he promoted in some of the works mentioned below -- and practised, either personally or through his lieutenants and successors, in the following "cases" at the Toronto Asylum. In practical terms this meant that, beginning in 1907, more information than ever before would be gathered -- and would accumulate -- in an individual patient's file. Theoretically this should at least have positively affected the patient's classification and treatment. This paper considers, on the basis of some of this accumulated information, much of it written by patients as well as doctors, how Dr. Clarke's "individual approach" affected his patients as individuals.

To the unsustainable rhetoric that his mentor created in the name of the Asylum and its patients, Clarke adds another layer in the name of the clinic. This rhetoric becomes sustainable, as the earlier was not, principally by eliding the referent. It vanishes somewhere between a reality and an ideal, both gravely misrepresented. Clarke writes as if, with the establishment of his various clinics, the Asylum is replaced in reality, as it is in imagination; his rhetoric of the "virtual asylum" notwithstanding, the "real" one has

continued till now, more real than ever.

C.K. Clarke at the Toronto Asylum: "The Bricks Should Be Worth Something"<sup>viii</sup>

Clarke begins his first Annual Report at the Toronto Asylum (1906) by noting that the admissions have been "unusually numerous" (1906, 3). He congratulates the inspector on his success in "dealing with the warrant cases" (1906, 3), by which he means his streamlining of the admission process, admitting patients directly into the Asylum rather than letting them languish indefinitely in jail. The earlier the treatment, the likelier cure. The issue for C.K. Clarke is the role of the Asylum as a hospital for curable acute cases as opposed to a custodial facility for chronic incurables.

The hospital role has been compromised for the Toronto Asylum by "a want of certainty regarding its future" (4). While the government is reluctant to spend money on a building that might soon be demolished, Clarke himself sees many disadvantages to the old building on Queen Street West. The formerly rural site had been especially suited to the patients, most of whom had been farmers or, as Clarke puts it, "drawn ... from the agricultural classes" (1906, 4); moreover, with its farm, it had provided the kind of work many of the inmates would have been accustomed to. However, with the expansion of the city and the loss of the farm, all this has changed. If "a quiet locality, where fresh air and restful conditions generally are obtainable" (1906, 5) is really desirable, Queen Street is the antithesis of what is wanted:

the days and nights are made hideous by electric cars, on the one side, and railway traffic passes directly by the south wall, where a freight shunting yard is also located. (1906, 5)

The Asylum grounds have dwindled to "some 26 acres ... enclosed within gaol-like walls" (1906, 5). With the extra aggravation of "smoke from the many trains and factories in the neighbourhood" (1906, 5), Clarke concludes that "a more undesirable site for a hospital for the insane could not be selected" (1906, 5).

Besides the problem of its location are the Asylum's perennial problems of heating, plumbing, and ventilation. Clarke reiterates some old complaints:

at the present time, many of the wards are so cold that the patients suffer severely during the winter. This is particularly the case in the wards of the main building, the long corridors of which are, at times, too cold to be occupied by delicate patients. (1906, 4)

The hot water is still inadequately supplied by "some twenty-six (26) isolated boilers, scattered here and there" (1906, 4). The plumbing is "deplorable," a study for anyone interested in comparing "the sanitation methods of sixty years ago with those of the present" (1906, 5). Tents for separate accommodation of tubercular patients have to be erected on the grounds in the early summer:

The wards are fearfully overcrowded; the cases of tuberculosis many, and the conditions all favorable, for the spread of this disease, which is nearly always rampant in hospitals for the Insane. (1906, 9)

Unsuited buildings have been adapted and annexed to accommodate the excess population of "quiet, indigent" chronic patients. Now the former Mercer Reformatory is re-equipped:

structural changes have been made, which have done away with the prison arrangements that existed, and before the end of a few months the Mercer will be made quite as home like as any part of the main asylum. (1906, 9)

Clarke admits that he could as easily accommodate them in a work house, such as the House of Industry on Elm Street.

Clarke wavers as he considers good reasons for not demolishing or removing the Asylum: the resistance of the government to losing its great investment in the building, the convenience of the urban

location to an increasingly urban population, and proximity to the university. These last two considerations are especially important to Clarke, since they would also be advantages for his long-desired psychiatric clinic, "where students may receive practical instruction in clinical methods," at a reasonable distance from school (1906, 5). In conjunction with such a clinic, the Asylum would become a source of experience for young doctors, before they were sent "out into life with an intelligent conception of the nature of mental diseases and the cause" (1906, 5).

It is probably no accident that in such a configuration the Asylum appears to serve the clinic, since what finally makes Clarke decide in favour of demolition is a fiscal consideration, the value of the existing 34 acres of Asylum land (26 within the walls and 8 outside): "This [would] if sold, produce a sum that would go a long way towards the erection of a new hospital on a suitable site" (1906, 5). After all the Asylum stood for to his predecessors, his appraisal is strikingly reductive: "The brick would be worth something" (1906, 5). Considering the cost of remodelling, its "makeshift and incomplete" results, and the revenue lost by not selling the valuable property, he concludes that "a new institution should be developed, on a suitable site, within reasonable distance of Toronto" (1906, 6), or easy commuting distance by "train or trolley" (1906, 6). The "Psychiatric Clinic," for the accommodation of from fifty to seventy-five patients, would be built closer to the university, within "easy reach of the student and physician" (1906, 6).

While a principal motive for such an arrangement appears to be its convenience for "the teaching of medical students" (1906, 6), it would also appeal to the friends of patients, as there would be less prejudice against sending them to the ward of a hospital than to an asylum. The clinic might have what Clarke terms an "intimate relationship" with the Provincial General Hospital, but it would remain under the management of the Hospital for the Insane because "no specialty has a greater reason for existence than that of mental diseases" (1906, 6). Meanwhile the widespread prejudice in favour of general hospitals over hospitals for the insane would be overcome as, with "with proper equipment, our results should be just as striking and satisfactory as in any hospital department" (1906, 10). Exploiting prejudice on one hand while, albeit less energetically, attempting to reform it on the other, Clarke's loyalty already seems unevenly divided between his position as Medical Superintendent of the Toronto Asylum, and his dream.

Justifying the latter, he brutalizes the mentally ill of the metropolis, describing "the flocking of mental weaklings to the city" and urging that "something must be done to meet the requirements of the situation" (1908, 3). Evidently a metropolitan magnet for "mental weaklings," the city needs a psychiatric clinic, which he asserts would "relieve the situation materially," but without which "we cannot cope with the difficulties which face us" (1908, 3). Much of Clarke's subsequent writing is devoted to dramatizing and problematizing the city's needs, and the clinic's ability to supply and even solve them; the Asylum proper dwindles into insignificance beside the psychiatric clinic, a "virtual asylum" with the whole city, if not the nation, potentially its "patient."

#### Dementia Praecox and the Individual Approach

In his Annual Report for 1906, Clarke quotes long passages from his own journal (The American Journal of Insanity, of which he had been an editor since 1904), of what originally were after-dinner speeches delivered at his own Asylum (to "members of the Psychological Section of the British Medical Association, and the visiting members of the American Medico-Psychological Association" on the 60th anniversary of the laying of the corner stone) by a roster of hand-picked speakers. While their tenor that "Ontario had done nobly in caring for her insane" (1906, 10), might not have been strictly in accordance with the truth, the particular innovations advocated include the acquisition of some of the recently

developed hardware for scientific work, the augmentation of the medical staff, and the freedom of more of that staff from clerical work. But these are minor compared to the ultimate goal, the implementation of what Clarke calls "study of individuals and their treatment" or "the individual method" (1906, 10). This is essential for the transformation of the Asylum from a "well managed poor house" with its "hopeless wrecks stranded in asylum wards" to a "hospital for the insane" (1906, 10).

In the same year Clarke establishes *The Bulletin of the Toronto Hospital for the Insane* (later *The Bulletin of the Ontario Hospitals for the Insane*), the purpose of which is to improve the status of psychiatry relative to that of general medicine. The editor hopes that his "little periodical" will facilitate "fuller co-operation between the outside medical man and his patients, on the one hand, and the psychiatrist on the other" (4).<sup>ix</sup> The journal would feature "clinical pictures of type cases" (5), which would encourage general practitioners to approach their patients as "cases," creating more psychiatric "knowledge." Clarke describes a transformation in the status of the patient:

[from] a menace to public safety or to his own welfare [to] a sick man ... at daggers drawn with his environment, who can no longer accommodate himself to the requirements of organized society; the victim of a diseased personality -- often accompanied by manifestations of various physical disorders" (4).

Clarke's "individual approach" served the psychiatrist too; it transformed the Asylum, and transported psychiatry, with a new and more portable kind of knowledge.

Clarke's emphasis on the individual finds a likely disease in *Dementia Praecox*. In an article from the same period entitled "*Dementia Praecox*"<sup>x</sup> Clarke observes that, even if Kraepelin himself has yet to give an "absolute definition" of *dementia praecox* (755)<sup>xi</sup> (the term is unfortunate, especially as it is applied to "cases which cannot fairly be called precocious, and others which are written off the records as recovered" (756)), the "Kraepelin idea" is the most promising for the future of psychiatry, "the one that points to the most hopeful line of investigation to put psychiatry on a more solid basis than has yet been the case" (756). Clarke suggests that more clinical work would enable it to do so -- especially the clinical observation and surveillance of ever younger members of the lower classes.<sup>xii</sup> He elaborates the idea in a slightly later article,<sup>xiii</sup> repeating comments he originally made in 1906 before the American Medico-Psychological Association in Boston, in which he urged a "careful study of school children" in order to weed out "weaklings" likely to develop into cases of *dementia praecox*. Anticipating arguments for eugenics that would be made by members of the Canadian National Committee for Mental Hygiene in the 20s and 30s, Clarke observes in the present piece that if left to itself nature would weed out such cases on its own, but "civilization and culture" are not necessarily governed by "nature's laws" (344). Consequently, Clarke implies, *dementia praecox* is becoming more prevalent; alienists must do some of nature's work themselves.

This work, under the heading of "abnormal psychology," is of an increasingly specific character, as Clarke describes how its object is to allow us "to fix the standard, not for a class, but for the individual" (344). Such individualized scrutiny must be extended to the public schools, which have hitherto tended "to regard classes rather than individuals" (344). This would, of course, facilitate the narrating of those histories from cradle to grave, some of which are discussed below, which Clarke believes a proper study of *dementia praecox* requires.<sup>xiv</sup>

While his perfervid language is meant to convey the pathos of the "frail barks" drifting "to their inevitable doom beneath the Niagara of dementia," Clarke's two sample case histories, "J.C." and "C.S.," show instead a lack of sympathy for their subjects. The former, apparently abnormally intelligent, has been persecuted for his cleverness by his professor as well as his classmates; "C.S." walks with a proud strut and wears her hair in an unusual style, for which "eccentricity" she too is persecuted by her peers.

She resorts to some form of unnamed "wickedness" -- obviously prostitution -- and is arrested and confined in a hospital for the insane. In a few years she too is reduced to "a lump of hideous clay" (346). Clarke's intervention helped neither child.

The "typical" symptoms, in Clarke's diagnosis of developing dementia praecox in the case of the twelve year-old "A.B.," included "lack of judgment, mannerisms and stereotypies, lack of insight and abnormal point of view" (12).<sup>xv</sup> "A.B." expressed his abnormality by thinking that sleeping late, fishing, playing, having supper, and going to a movie were "the proper way for the modern boy to spend Saturday" (12). By 1915 Clarke considered dementia praecox a disease whose "well-marked cases" doctors could not afford to ignore (6). Its sure diagnosis made it one of the principal "justifications" of psychiatric opinion, to which the psychiatrist could appeal against other doctors' charge of being "almost as big a crank as many of his patients" (6) -- the more recalcitrant of whom Clarke characterized in the same piece as "hard nut[s] to crack" (7). In "The Detection of Mental Defect," Clarke concludes that "the individual is the basis of study" (348), but the eradication of individuality appears to be the object.

#### (Preventing a Prophet: The Case of Louis Riel)

This aspect of Clarke's emphasis is well illustrated by his slightly earlier analysis of the great 19th-century Metis leader, Louis Riel -- one of Clarke's earliest applications of the paradigms of dementia praecox to an individual. Clarke appears benign when he argues that Riel should never have been executed, but it is evident that, with the powers that he thought rightfully belonged to psychiatry, he would never have allowed a Riel to exist in the first place. Writing 20 years after Riel's execution, Clarke depicts him as an atavism, one that "should have been an impossibility at as late a period as 1885" (379).<sup>xvi</sup> Clarke attributes his unlikely occurrence partly to the primitive character of his people, "ignorant, superstitious, and suffering from inexcusable wrongs" (379). But while they are the appropriate raw but "inflammable material" for the "fire" of Riel's "fanaticism," Clarke also attributes Riel's alleged sickness to the austerity of the region he came from, "the lonely prairies of the North-West" (Part II, 23), where cases of paranoid delusion tend to develop. Among a "well educated people," Clark assures us (II, 23) he would have been detected and confined, "shut up from society as long as he lived" (22).

In Riel's subsequent trial the rest of society, by not acknowledging what Riel is, become it themselves; only a few brave alienists, rightly finding Riel mad, "stand by their guns in the midst of a torrent of abuse." The mixed metaphors convey Clarke's own mixed feelings of being at once morally and intellectually stronger and politically out-numbered, besieged and victimized even when on the attack (and on the winning side). Ironically enough, it is an analogous position of moral superiority and physical defeat that Clarke's colleagues, and symbolically Clarke himself, offer Riel an "opportunity" to exchange for clemency and "life," provided that he recognize their jurisdiction and accept their diagnosis of himself as "mad." He criticizes Riel for refusing to be "saved" at the cost of what he himself might have been reluctant to pay.

One of Clarke's own objects is protecting his professional medical jurisdiction against the law. Riel's execution was "judicial murder" which might have been prevented had the "general public" respected alienists' opinions in criminal examinations as much as in "every day cases" (380). It would have been more even more effectively prevented had alienists known what they know today, or been able to act on what they knew then. Clarke's opinion of the Canadian public in general, and of Canadian legal methods in particular, is scarcely more "optimistic" than his opinion of the Metis (II, 14). Like other kinds of "criminal" behavior, Riel's revolutionary activity must have had a hereditary origin. Since, as Clarke observes with some complacency, Riel had little "Indian blood" (380), he must have inherited his

rebelliousness from his father, who had himself rebelled against the Hudson Bay Company's monopoly of the fur trade.

Certain elements and incidents in Riel's story are isolated and interpreted in a way that makes them damning. Clarke mentions Riel's precocity, even his unpopularity with his school mates -- as if retroactively (and posthumously) diagnosing the visionary leader with dementia praecox. Riel's enthusiastic correspondence with Archbishop Tache becomes evidence of "the mental unbalance which characterized the remainder of his life" (381), and the Archbishop's conviction that Riel was unsuited for the priesthood becomes evidence of an "unbalanced" mental condition that made him unsuited for everything. Clarke informs us that Riel's delusions were "marked," without telling us what they were.

Clarke describes Riel's visiting the home of a wealthy Montrealer to ask for money to support him in one of his crusades, as virtually a case of "break and enter." His obtaining money from his mother, depicted as pitifully "old" and "poor," is proof of delusional egotism, as he heartlessly exploits her, induces her to take a long "tiresome" journey at the end of which he fails to appear, etc. In Clarke's narrative, when the abuses of the Dominion Government first come to Riel's attention in 1869, he is already an "ill-balanced youth."

After the failure of the first rebellion and a brief period of exile in the United States, Riel makes a disturbance in a Montreal church in 1876. Asserting his authority over everyone else present, Riel insists on conducting the service himself. He is arrested, and subsequently committed to Longue Point asylum and thereafter to Beauport Asylum under the care of Dr. Roy, who diagnoses him with "megalomania" (383). Clarke makes no attempt to connect this episode with Riel's long preparation for the priesthood or his recent experience of leadership which, from his perspective at least, might have substantiated his claim.

Yet, Clarke attributes to Riel a degree of calculation inconsistent with his depiction of him as a fanatic. For Riel, the Metis represent an "opportunity" for the development of "revolutionary instincts" -- given Clarke's emphasis on Riel's family and his spirited father in particular, he probably means "instincts" literally. When rebellion does occur, it is "ill advised and half-witted" (382) and, above all according to the conservative Clarke, unnecessary. While acknowledging the injustice imposed on the Metis people, Clarke argues that Riel's rebellions achieved nothing that would not have come "constitutionally in due course" (382).

Clarke quotes from Riel's own account of his vision of December 18, 1874, when he felt himself "called," like Moses, by a "heavenly messenger" (384):

'I was stupefied, I was confused; he said to me; "Rise up, Louis David Riel, you have a mission to fulfil" .... I have worked for men, and with what success the world already knows. Events are not finished in a few days or a few hours. A century is but a spoke in the wheel of eternity. I have obtained practical results, but much more still remains to do.' (384)

Clarke treats this vision unequivocally as a "fixed delusion." Sandwiched between Dr. Roy's diagnosis of "megalomania" or paranoia, and Clarke's account of Riel's arrest in Washington, it is just another example of his madness.

In June of 1884 a deputation from the North-West visits Riel in Montana and invites him to return to lead the Metis in their struggle against the Canadian government. By July he is in Saskatchewan. Clarke dwells on particular details such as Riel's signing himself "Louis David Riel, by the grace of Jesus Christ, Prophet, Pontiff, Infallible, and Priest King." He chooses to ignore the intelligence indicated by Riel's use and subsequent explanation of a term like "Exovede" -- "from the flock" -- to characterize his authority or rather renunciation of personal authority over anyone else. To Clarke such a model is itself an indication of insanity, part of the political and religious thought that Father Andre and others regarded as

"completely insane" (387). He concludes this first part of his discussion by arguing that those French Canadians who argued for clemency were as mistaken as the Protestant bigots and "Orangeists" who called for the death sentence. The real issue in Riel's trial should have been medical, not political. Clarke's medical judgement is a more effective -- more devastating -- condemnation of Riel's politics than the more overtly political one that merely sentenced him to death.

An interesting feature of C.K. Clarke's essay is its inclusion of material from Daniel Clark's original notes. Riel's nervousness and expressiveness are attributed to his being French. Riel's pride and sense of himself as leader are turned against him as signs of insanity: "He was very talkative, and his egotism made itself manifest, not only in his movements, but also in his expressed pleasure in being the central figure of a State trial, which was likely to become historic" (15). A principal focus of Clark's notes is Riel's resistance to the insane verdict. Clark records how, at the mention of how Riel's lawyers were trying to establish his insanity in order to save his life, Riel reacted "like a chained animal until his irons rattled" (15) -- elsewhere he is "an enraged tiger" (16). Riel's defence, that he scorned such a plea as he considered himself "the leader of my people, the center of a national movement, a priest and prophet" (15), is reported as only another instance of the behaviour that makes him, at least for Clark, "like the insane with delusions of greatness, whether paretics or not" (16).

Much of Daniel Clark's evidence, which C.K. Clarke reiterates as confirmation of the value of professional opinion and an example of the difficulty that it encounters in a public forum, is intuitive, based on "a hundred and one little things in appearance, movement and conversation, which cannot be described in writing" (16). One might wonder how what "cannot be described in writing" could be used to obtain a conviction in a court of law. With strange inconsistency, given his evident ability to read Riel's mind in his gestures, in nearly the same passage he accuses Riel of "concealing to some extent the inner working of his mind" and having "an object in view" (16). Besides their obvious jealousy of the greater respect awarded the legal profession, and their immediate concern for the respectability of the insanity plea, both Daniel Clark and C.K. Clarke have "an object in view" -- respect for the psychiatric profession that makes such a plea on the basis of its unique experience and incommunicable lore -- of its sheer authority. If this had been respected, instead of leading a rebellion, Louis David Riel, this "mental weakling" as Clarke calls him, would have been "under lock and key at the time" (23).

#### Immigrant Plagues: Racism, Heredity -- and Dementia Praecox

While Clarke focuses professional attention upon the individual, his ultimate object is the welfare of larger entities -- the nation, the race. In one of the first of many slights directed at the patients of his own Asylum, Clarke describes, in his annual report for 1906, the foreign born among them as if they were spies, plotting to infiltrate his Asylum, half the continent and one whole ocean away:

It is to be regretted that so many defectives from the old world have found their way to our wards, as it goes to show that no matter how careful the inspection of immigrants, at sea ports, many mental weaklings will obtain entrance to the country. (1906, 3)

He displays no compassion for them as unfortunate and underprivileged people, perhaps because he cannot see them except as "defectives" or "mental weaklings" (1906, 3). He refuses to see these people as burdened with loads of economic and racial discrimination and injustice, but only as burdens themselves to the provincial treasury. The idea that the country's population, apart from a minority of exploited natives, was entirely comprised of immigrants, and that one immigrant was not inherently more entitled to enjoy its great wealth than any other, is itself foreign to Clarke's rather obvious politics.<sup>xvii</sup> Moreover, despite the population being comprised almost entirely of immigrants, Clarke shows no interest in the experience of immigration. That many of these alleged undesirables are fleeing

stigmatization for confinement in asylums in the Old World has to be ignored as mere "sentiment," when "the very life of a nation" (1908, 8) is at stake. Such a dismissal seems tantamount to a dismissal of his own patients of at the Toronto Asylum.

Combining, as the true disciple of his mentor, one plague with another, Clarke argues that immigrants are especially to be guarded against as a source of dementia praecox, "particularly common among the imported defectives" (1906, 3). This makes them especially burdensome because those affected, while incurable, do not die immediately and may even live a long time with their illness. The law needs to be strengthened, giving the government more power to expel immigrants who fall sick after an initial two year probation period.

In his report for 1907 Clarke argues that by accepting the immigration of "classes which should be avoided," the state is jeopardizing the quality of the entire population. He represents the effect of recent immigration as a crisis of such magnitude that only "those who are conversant with the facts," or in other words doctors like himself, could appreciate it. Comparing admissions to a Toronto and York County population of 400,000, Clarke arrives at a ratio of one insane person for every 1500 people. By virtue of being roughly one third of admissions, Clarke argues that new arrivals should account for approximately one third of the population, or more than 130,000. In fact new arrivals account for only 5,000, making the proportion of insane to normal people 26 times higher for new arrivals than the rest of the population. Clarke grudgingly acknowledges that the "high preponderance" of the foreign born at the Toronto institution might not be representative of the entire immigrant population, since that institution serves an area in which foreigners are especially concentrated. But to defend himself he invokes the past, in particular the words of his predecessor Dr. Workman, to argue that even when the Toronto Hospital ("Asylum" in Workman's day) served all the Province, and so could be said to be truly representative of the entire population, the foreign-born accounted for a share of the inmates much larger than their share of the rest of the population. Countering the objection that the Toronto Asylum now receives a disproportionate share of immigrants, but also clashing with his tendency in the first part of the essay to depict Canadian immigration as "steady" and to contrast it favourably with immigration in the United States, he argues that "the grievance we have to-day is an old story and Toronto Asylum has always suffered." He notes that in 1854, roughly 84% of the first 1000 admissions were foreign-born, compared to less than half of the general population. He cites Workman, who in the Report for 1854 observes that "the native Canadian, equal to nearly 65 per cent. in the Provincial population, has contributed only about 27 per cent. to the asylum population." Ignoring all of the other factors which might have applied once but not now, he neatly concludes that "Ontario has always been unduly taxed from the maintenance of imported defectives" (6). An expanded version of "The Defective and Insane Immigrant," published in his own Bulletin of the Ontario Hospitals for the Insane,<sup>xviii</sup> is virtually the same as the above till about page 10, where Clarke provides a more detailed statistical argument to support his concern about Canadian immigration. Based on their proportion of the general population of 1907, the total foreign-born of 10,087 admissions should have been 1,681 instead of 5,707. Of course, such reasoning fails to justify the application of a percentage from one year to other years, or to explain why, other factors being unequal, the rate of insanity among the foreign-born should be the same. Such reasoning equates cases of insanity with admissions, when many cases, especially in better-established native-born families, would have been cared for at home.

Clarke asserts that Britain is deliberately dumping its "undesirables" on Canada: "sexual perverts of the most revolting kind, insane criminals, the criminal insane, slum degenerates, general paretics, in fact weaklings of all objectionable types" (1907, 4). He recounts discovering "whole families of degenerates" (1907, 4), some of whom are immediately returned to England, but not all, as in the case of "an imbecile

young woman" and her alcoholic husband who were deported, leaving six children behind them "to be cared for by the community" (1907, 4). Clarke dreads what they will become. In describing this population Clarke appears to be dealing with a sub-species, without the same rights as the species. When a man afflicted with dementia praecox marries, he is alleged to have "found a woman weak enough to marry him" (1907, 4), as if Clarke cannot allow the emotions and desires of an alleged "defective" more dignity than a base parasitic design on a commonwealth that excludes him. He cannot begin to do justice to the cost to the country of the "importation of so many defectives" (1907, 8), though he makes a rather good effort at it. He estimates that, given that most dementia praecox patients are afflicted when they are quite young, or at an average age of 25, and that each lives on the average 36 years longer, at \$145 per year each such foreign-born "defective" costs the state \$5,220. He calculates that this year's accumulation of 43 foreign-born Dementia Praecox cases will cost the state \$224,460, before they die. Such arithmetic, untempered by any indication of the contribution of immigrants to Canadian society, amounts to a slander of Canada's immigration policies over the last half-century and, of course, of immigrants themselves. He finally urges that "defectives" be weeded out at the port of sailing, by psychiatrically trained physicians, using "procedures" like those described by Dr. Thomas W. Salmon at Ellis Island, where officers of the Public Health and Marine Hospital Service have been trained at institutions for the insane to watch for immigrants who seem "atypical" (1907, 9). Inspectors should be equipped with "memoranda" consisting of lists of peculiarities, on the basis of which immigrants could be detained and observed in a psychopathic pavilion newly constructed for the purpose. Clarke concludes quite emotionally:

Those not familiar with the practical side of the subject cannot estimate what it means to protect the coming generations of Canadians from the evil results of the addition of defective and mentally diseased immigrants to our population. Preventive medicine has a duty to perform that cannot be ignored and Federal and Provincial Authorities must unite to fight the threatened evil. Our new law is good as far as it goes, but it does not go far enough, and in many cases we are powerless to act, when our duty seems manifest. It would be so much better too, to intercept the defectives at the port of departure whenever possible. (1907, 9).

A year later, in *The Bulletin of the Ontario Hospitals for the Insane*, he is more specific about how the inspection could be improved. Besides their being specially trained to detect cases of dementia praecox and other disorders common among immigrants, Clarke emphasizes their youthfulness. Clarke seems to see them almost as plain-clothes policeman as they "mix with the immigrants during the voyage across the ocean and get an idea of their mental status" (20) before they can disembark.<sup>xix</sup>

To those who might argue that he is scarifying and exaggerating the "gravity of the situation" (1907, 8), Clarke replies, not very reassuringly, that he is one of those who has been "scanning family histories for many years" and therefore "in a position to speak with authority" (1907, 8). In reality he scarifies even more, connecting dementia praecox and immigration to yet another horrifying plague, hereditary insanity. Attaching to his report for 1908 a chart analyzing the hereditary tendency to insanity in the last year's admissions, Clarke asserts that heredity "is a tremendous factor in the development of insanity" but the statistics on it "have always been compiled in the loosest way" (1908, 6), because physicians are reluctant to ask the customary questions about heredity on the standard form. More serious opposition to the "facts" comes from "friends [who] persistently dodge the telling of family secrets, especially when they have to be recorded in a public document" (1908, 6).

In his report for 1908, Clarke asserts that "the bare facts are suggestive enough; an analysis of them makes us marvel at the complacency of those who calmly accuse us of a want of patriotism in decrying

certain kinds of immigration from the old country" (1908, 7). He combines virulent ad hominem attack with economic snobbery, accusing the "pseudopatriotic enthusiast" of "building up beautiful philanthropic plans which are to enable the slum weakling to shake off the stigmata of degeneracy in the free air of the prairies" (1908, 7). Asserting that "much of the success of a nation will depend on the quality of the stock from which it springs" (1908, 7), he quotes an unidentified "recent writer" on "uplifting humanity rather than [trying] to maintain an exclusive virtue, limited by a political boundary" (1908, 7), whom he accuses of using such alleged "sophistry" to impose on Canada "one of the biggest burdens in the way of alien populations that we have to carry" (1908, 7). Such, he warns in quasi-biblical language, have "sown the wind, and they shall reap the whirlwind" (1908, 7).

In an article published in 1911, the year he gave up his superintendency of the Toronto Asylum to superintend the Toronto General Hospital,<sup>xx</sup> he echoes phrases from the report for 1907, balefully observing that "my knowledge of family histories in Ontario is far too large for my peace of mind, and I cannot shut my eyes to the fact that certain strains, will produce defective and insane, just as regularly as other strains will reproduce the strong minded and capable" (360). Clarke simultaneously seems to regret possessing such sensitive information, and to relish it -- his regret, principally at his inability to act on it, conveying more than a hint of menace, as if anyone who would oppose him must be secretly abetting a lunatic. All of this, of course, reflects a growing interest in eugenics.

Clarke's emphasis on hereditary insanity, stemming as it does from rather intimate and privileged knowledge of the patients of his Asylum experience, complements his emphasis on the individual -- as Clarke writes: "it is always the individual who has to be considered, especially in cases where there is no well defined pathological basis" (360) -- yet it always appears to have the benefit of some other in mind. In "The Defective and Insane Immigrant,"<sup>xxi</sup> Clarke presents this individual in terms of a face-to-face confrontation with a great danger. Such a confrontation requires sanity, courage, and something else which Clarke typically requests and which, despite his efforts to redeem it as resistance to "maudlin sentiment," looks suspiciously like callousness -- resistance to sympathy and compassion. Clarke appears oddly isolated between equally "chronic" inmates of the old Asylum, to whose plight his audience has become inured, and the so-called "hordes of degenerates of the English-speaking peoples, to say nothing of those lowest in the social scale of the European and Asiatic races" (273). In 1906-7, Clarke's principal qualification for choosing the best means of making Canada a great nation is still, oddly enough, Asylum experience.<sup>xxii</sup>

Foreign born "defectives" are those who usually escape being committed to an asylum, and subsequently evade deportation under the relevant Act. Instead of indiscriminately "pumping in the population," as proposed by Kipling, he proposes performing a Darwinian experiment on the whole nation, applying the laws of "artificial selection" to the "magnificent heritage" of Canada so as to improve the race. It is perhaps slightly ironic to discover Clarke beginning by using the histories of families against their own descendants and countrymen and women, but he is presently undertaking "an elaborate study of the foreign born admitted since 1900" into the Toronto Asylum. He offers a "brief examination" of some 422 patients admitted in 1906-7. Of these 210 are foreign born, and 124 of these are "recent arrivals" (275). Clarke is especially concerned that 65% of these foreign born admissions are afflicted with dementia praecox, "a psychosis notoriously the outcome of defective heredity," and consequently likely to be passed on through the descendants of the afflicted.

He represents immigration as a tide, deliberately poisoned by British officials, with the effect of creating new kinds of degeneracy in a previously pure Canadian stock: "sexual perverts of the most revolting kind, insane criminals, the criminal insane, slum degenerates, general paretics and weaklings of other varieties are represented" (277). It is also a kind of perverted and diseased pilgrimage, with Toronto

its Mecca. Now, instead of Workman's march of cholera, it is the people themselves that have to be stopped. Now, Clarke argues, despite his earlier warnings about doctors promiscuously attributing cases to "dementia praecox," that at the Toronto Asylum 60 per cent of the foreign-born admissions suffer from this disorder.<sup>xxiii</sup> A high proportion of these are "slum degenerates" from European cities. Unfortunately, it is too early for laws recently enacted for the purpose to enable the authorities to deport these undesirables. Meanwhile, without clinically trained physicians able to detect "the weaklings of the dementia praecox type" (187), inspection at the ports will continue to be inadequate. Clarke devotes the last few paragraphs to mocking the "performances of the Doukhobors," whose habit of disrobing on a pilgrimage from Saskatchewan to Philadelphia caused them to be arrested and jailed at Fort William. Clarke approvingly reports their having been force-fed and anticipates the day when the authorities will have more power to "break up the community system" which supports such immigrant groups.

Clarke dramatizes himself as a prophet who has been harshly and unjustly treated for stating these "truths."<sup>xxiv</sup> He presents his earlier arguments, like that in the Annual Report of 1907, as disinterested and true but foolhardy for exposing him to "unpleasant controversy," especially the selfishly motivated opposition of politicians who courted and depended on immigrants for votes. He contrasts himself favourably with elected officials whom he characterizes as generally too opportunistic and short-sighted to consider "the future welfare of the community" (462)

#### Asylum vs. Clinic: Birth of "The Poor Man's Sanatorium"

Clarke's interest in dementia praecox as a disease whose patients would benefit by the "individual approach," and his distaste for the Asylum with its "indiscriminate" population of immigrants and urban poor, are obviously related to his interest in establishing a psychiatric clinic in Toronto, where individuals could be isolated and treated, according to the latest techniques. Although he was still Medical Superintendent of the Toronto Asylum, in a 1907 "Memorandum"<sup>xxv</sup> to the Provincial Secretary entitled "Reasons Why," Clarke dismisses the Asylum as "about to pass away, having outlived its usefulness and being hopelessly situated" (5). He emphasizes the social utility of discovering why so many citizens are unable "to stand the strain, which leads to the wrecking of so many lives." Arguing that if mental disease was as counterproductive, it was also as "definite, as susceptible of treatment" as other diseases, he was obviously thinking of acute as opposed to the chronic cases the Asylum was full of. In the rest of his "Memorandum" Clarke argues on behalf of the asylum, and in its name, for things of obviously greater benefit to the clinic. Duty lies not in alleviating the conditions of the asylums so much as in going where "we are in duty bound to follow" (3), which first means adopting a better system of classification, its object "keeping the acute and chronic separated" (3). Proper clinical work cannot be done "in a so called hospital for the insane [ie., asylum], where acute and chronic cases mingle indiscriminately" (4).

Clarke shows considerable antipathy toward the very people on whom his innovation would have the most immediate and widespread effect --the inmates of the his own Asylum, and the chronic insane in particular. He does not oppose but reinforces popular prejudice against the Asylum and its inmates, commiserating with people over "the stigma of having been sent to an Asylum ... the hardships of being forced to associate with the chronic insane" (2). Not everyone believed Clarke's assurances, that the clinic would not "militate against the usefulness of the institutions now in existence," or that "it would simply assist them in developing the scientific side of their work" (14).

In 1907 Clarke travelled to Europe as part of a Commission authorized to recommend, as the Commission Report of 1907 put it, "a policy to be followed in making new departures as to the State treatment and care of the insane" (2).<sup>xxvi</sup> The "problem" is initially "dissolved" into what are seen as its two "divisions," "treatment" of the acutely insane, and "care of the chronic insane." The shift from

"treatment" to "care" seems crucial, a portent of problems to come. "Chronic" and "acute" are euphemisms for asylum and clinic.<sup>xxvii</sup> The commissioners' discovery, "the absolute impossibility of combining Hospitals and Asylums to accomplish the highest and best kind of scientific work" (3) -- seems to have been a foregone conclusion. The issue is not just the greater degree of "individual care" essential to the cure of insanity, but the prejudice whereby "the developing case will shun the Asylum almost instinctively" (3). Like Clarke above, the commissioners do not oppose prejudice or redress the conditions that contribute to it, but sympathize with the prejudiced. Most impressed by Emil Kraepelin's clinic at Munich, they quote him extensively on the status of clinic vis a vis asylum -- the "estrangement" of asylum doctors from developments in neurology, the "retarding influence" of the asylum, the "isolation" of the asylum from "a large province" of nervous diseases outside it, waiting to be "conquered," the afflicted patients analogous to indigenous peoples whom the clinicians "claim with a perfect right" (9), etc.

With characteristic brusqueness Clarke acknowledges the stigmatization of chronic patients, only to dismiss the concern: "Of course this feeling should not exist, but it is present, and one would be callous indeed if he did not sympathize deeply with those who have it" (1908, 5). A principal recommendation for the psychiatric clinic is its accommodation of middle-class prejudice -- what Clarke means by the "asylum bugaboo" (1908, 4) -- an accommodation that would later help to perpetuate another "accommodation," the human warehousing practised by generations of Asylum doctors. This antipathy to a significant patient population partly accounts for his, and his colleagues and successors', failure to read patients' files more sympathetically. It is doubtful that any amount of information alone could have created understanding, or that where there already was hostility such information would not have contributed to misunderstanding.

Still awaiting the establishment of a Psychiatric Clinic, Clarke celebrated the opening of "an out-door Department" of the General Hospital in 1909. In a brief "Preface" to an issue of the *Bulletin of the Ontario Hospitals for the Insane*,<sup>xxviii</sup> he asserted that "the relation of a Psychiatric Clinic to a General Hospital is as important as its relations to a Hospital for the Insane." The tenor of the article immediately following, "The Relationship of Psychiatry to General Medicine,"<sup>xxix</sup> suggests that it was rather more important. The prejudice of the general practitioner, who finds "the problems of Psychiatry ... unattractive, and ordinarily, distasteful" (5), had some basis in the nearly total absence of clinical method from psychiatry, whose specialists were what Clarke terms "metaphysicians," and whose stock in trade consisted of "a happy combination of divine inspiration, complicated theory, and ponderous phraseology" (5). Clarke's suspicions of the Freudians also cut him off from more sympathetic ways of reading.<sup>xxx</sup> Instead his sympathy was all for clinicians like Kahlbaum, Wernicke, and Kraepelin, who had done much to resolve another "bugaboo," classification: "a sort of picture puzzle" in which, as it became more "intricate and elaborate," the pieces "did not fit" or "add to the beauty of the picture" (6). The greatest obstacle to such work, and to the patient's "right" to enjoy clinical methods, is the present asylum system, with its "herding of the acute with chronic" (13). Clarke luridly depicts the Asylum as a "hideous nightmare both to friends and patients" and its inmates as the "stranded hulks of wretched humanity" who "forever haunt" the imagination of the people (one wonders which people) with "possibilities of what they may come to" (13).

Clarke's technique, and the direction of his bias, become even more obvious when his essay is contrasted with an essay on roughly the same topic, "The Relationship of the Hospital for the Insane to the General Practitioner,"<sup>xxxi</sup> by Harvey Clare, the Medical Director of Reception Hospital of the Toronto Asylum and later Medical Superintendent of the Asylum itself from 1920 to 1925. Written only a few years after Clarke's piece and published in the same journal, it is possibly a deliberate corrective. While

Clare also advocates a stronger partnership between psychiatry and general medicine, instead of exploiting and reinforcing negative stereotypes of the Asylum in the name of the clinic, he appears to address the stereotypes out of a sincere desire to redress the human suffering they at once refer to, help to create, and perpetuate. The difference in tone is palpable, as when he regrets the persistence of the common prejudice, that "when a patient is admitted to the hospital for the insane ... he need hope for nothing in the way of sympathy or kindness" (162). Despite the legal prohibition against restraint, female as well as male nurses still recommend themselves on the basis of physical strength. Many people still believe that "if a man was once admitted to the asylum, this was the end; he never came out again" (164). Instead of exploiting such mistaken beliefs and slyly reinforcing them, Clare appeals for education to dispel them. "Teach the people that the hospitals are for the care and treatment of these people," Clare urges:

Our ideal is that we shall have a voluntary admission system, that our hospitals shall be the poor man's sanatorium, that we shall get the incipient cases, that we shall gain the confidence of the people, and in this way be of more use to them. (167)

Clarke urged a rapprochement between psychiatry and general medicine principally by abandoning a significant patient population, and by slyly if not subtly reinforcing certain stereotypes in order to distance himself and his enterprises from them. In a certain sense Clarke's "clinic" was not for them. Yet despite his apparent concern for middle-class sensitivities, Clarke could be callous in practice. One Rev. Burns (admitted in November of 1914), suffering from depression and eventually diagnosed with a variety of dementia praecox, was visited a few days before his committal by Dr. Clarke, when he was Superintendent of the Toronto General Hospital. While Clarke got the man to agree to come to Toronto to be treated at the Hospital, he secretly made other arrangements with the man's wife. Dr. Williams (an Asylum doctor) writes, one wonders with what understatement, that on the day of his committal Rev. Burns did not want to go and that "it was necessary for them to use a little force to persuade him." According to Rev. Burns himself, just before the train started his wife told him "that they were bringing him to the Toronto Hospital for the Insane." "Agitated and excited," Rev. Burns tried several times to jump off the moving train. A few days later, before being taken from the General Hospital to the Asylum, he tried to commit suicide, "by cutting the radial artery with a safety razor blade." A special "Admission Note," attached by Dr. Williams to the "Clinical Record," describes how, after his arrival in the ambulance, he emerged "an old man suffering from a great mental depression." Post hoc ergo propter hoc? Dr. Williams thought that Rev. Burns refused to trim his beard because he wanted to disguise himself from his friends. He at least conceded, perhaps without sufficient emphasis, that "the fact that he was brought to the General Hospital forcibly seems to have aggravated his condition very much." Rev. Burns's suicide attempts subsequently were held against him as much if not more than any of his previous actions, although they were directly the result of a committal that involved guile and force -- and was in reality anything but "voluntary." In his "Summary" Dr. Williams reiterated that Rev. Burns "attempt[ed] to commit suicide on two different occasions," but without stating the rather unusual circumstances in which the attempts were made, and insists the Rev. Burns "has to be watched." The discrepancy between Clarke in print and Clarke in practice is revealing -- and characteristic.

The war effectively cancelled plans to finally move the Toronto Asylum from its increasingly unsatisfactory urban setting to a rural site at Whitby. As discussed by J.M. Forster, then Medical Superintendent of the Toronto Asylum, the original plan had involved the establishment of a Reception Hospital in the city, which would have become the Asylum's urban clinic.<sup>xxxii</sup> In "closest touch and sympathy with the large Provincial Hospital outside" (129), it would also guarantee "the hospitalization of the whole in the fullest sense of all that this means" (129). All patients, chronic as well as acute, would

enjoy the benefits of clinical practice and innovation. With the establishment of a shabby temporary Reception Hospital in May of 1914, the indefinite postponement of plans to move the Asylum with the transformation of the Whitby facility into a military hospital in 1916, and moreover the reopening of Clark's own clinic at the Toronto General Hospital in 1914, the city appears to have been left with two clinics, operating in very different contexts. While the Toronto Reception Hospital should have become, as Forster idealistically described it, the single urban clinic of a unified hospital system, the existence of Clarke's clinic and (more importantly) the continuous urban presence of the Toronto Asylum actually laid the foundations for the virtually two-tiered system that prevails today.

#### (More Figures in the Street)

Various texts preserved in the Archives of Ontario indicate the close relationship the Reception Hospital was to have had with the Toronto Asylum, and the conditions that contributed to its early closure. It is evident from these that, while Clarke and others exploited the Reception Hospital as he had the Asylum earlier, its purpose -- unclear and contradictory as it was -- was still different from the clinic's he had in mind. At least a part of the problem seems to have been accommodating low and middle-class patients under the same roof, or indeed, in the same room. While accommodating together the different disorders that afflicted the patients must have been hard enough, accommodating different classes seems to have upset the officials even more:

About one half the patients coming into this Hospital are women and men from good families, who have been accustomed to lives of refinement. In the Reception Hospital we have treated many women from the best homes in Toronto, and the purpose of my letter is to draw your attention to the almost impossible situation where we are compelled to recommend the Hospital to good, clean living, decent people, when we are admitting to the same room patients who will use the same bathroom and the same closet, and who are suffering from contagious diseases, such as, Syphilis, Gonorrhoea, Tuberculosis, Scabies, and all other forms of skin diseases.<sup>xxxiii</sup>

A "Memorandum for the Honourable W.D. McPherson, Provincial Secretary," prepared by Dr. Clare in December, 1918, explains that part of the role of the Reception Hospital was to keep the large population of "defectives and insane" that "drift in" to the capitol from ending up in gaol.<sup>xxxiv</sup> The idea of a migration of the insane to the city, so reminiscent of Clarke's earlier scarifying, probably has less to do with reality than with Dr. Clare's desire to make caring for them a provincial as well as a municipal responsibility.

After the province ordered the Reception Hospital to close because of the appalling inadequacy of its premises, city and provincial officials, including C.K. Clarke (for the Canadian National Committee for Mental Hygiene) met on May 27, 1919, to discuss alternatives. In the minutes Controller Cameron explains that the Reception Hospital had been intended to treat the mentally ill "before they have the stigma of being placed in an asylum" (2-3).<sup>xxxv</sup> When Cameron poses a rhetorical question whether it is a fact "that the Province is charged with the care of these mentally afflicted people" (7), the Provincial Secretary reminds him that, strictly speaking, provincial jurisdiction is only over those who have been certified to be insane. The whole point of the Reception Hospital was treatment of "those who are not certified to be insane, but are suffering from some trouble of an indefinite nature." He passes the buck, though the city officials appear equally willing to pass it back, as the interests of the mentally ill are lost in yet another jurisdictional dispute. It is as if, to enjoy state support, the mad have to suffer stigmatization; only those who can afford to, can escape it. The debate is a classic delineation of a by now all too familiar pattern in attempts to redress madness.

Perhaps, given the limited resources of the city and of other communities in the province, the only real

means of achieving what the Provincial Secretary saw as the principal *raison d'être* of the Reception Hospital was, as City Controller McBride expressed it, "a big building ... where big interests are concerned" (11). The Provincial Secretary himself objects that "these are local problems as far as administration goes" (11) and that "local" communities would insist on treating patients locally. McBride replies that up to half of the patients treated at the Reception Hospital have come to the city within the last three years, so presumably are a provincial responsibility. But when a provincial official reminds him that anyone who has lived for three years in Toronto is legally a resident of the city, the Controller concedes the point. He only meant there had been "a tremendous influx from the rest of the Province" (15).

Former Controller McCarthy invokes the by now apocryphal man, a not so distant relative of Daniel Clark's "A" and "B," "found insane on the street today" (15), and whom the city has to pay for, whatever the law. The Provincial Secretary rather impatiently reminds the former Controller that it is the municipality of origin that has to pay. Controller McBride takes advantage of the opportunity to defend his predecessor and reiterate his point. The man on the street, who has "wandered in from Hamilton or London or anywhere else," goes straight to the Reception Hospital. The Provincial Secretary again denies this. When McBride insists that "ninety-nine per cent of them go to the Reception Hospital" (17), the Provincial Secretary accuses him of "coming here and making a general statement that no one can check up or confirm" (17). A colleague satirizes McBride's exploitation of the apocryphal figure "who comes down from say Owen Sound and comes to the Reception Hospital because with the excitement of the City he goes crazy" (17). Irritated by their sarcasm, McBride asserts that "we are not going to build a hospital for the benefit of the Province of Ontario" (17).

While city and provincial officials revert to the paradigms of Daniel Clark and lose the mentally ill in a legal and jurisdictional quarrel, Colonel Primrose, the representative of the Toronto Academy of Medicine fares no better by merely invoking the pitiable suffering of "these poor people who are least able to help themselves, who are mentally unfit, who are sick folk, etc." (18). He concludes that the whole problem comes down to an injustice, but when the Provincial Secretary blandly asks "what injustice do you refer to" he pointlessly replies "the injustice ... to the sick." One would hope that his point was that justice had been lost sight of in a quarrel over legality. Whatever it really was, in the context of urgent problems it seems ridiculous, another invocation of madness with embarrassing implications for sanity.

At any rate Primrose's "point" seems to have reminded everyone that they really were getting nowhere, with an urgent problem to solve. His intervention seems to have facilitated a kind of pause or a transition to "experts" including Dr. Myers, founder of the Nervous Ward of the Toronto General Hospital, and C.K. Clarke, then Medical Director of the Canadian National Institute for Mental Hygiene. It is clear that both men differ not only with each other but also with the Provincial Secretary over the objectives of the Reception Hospital.

Myers, with his neurological orientation, argues vigorously for an institution closely integrated with the General Hospital, not only for the education of staff but also for the education of the public "that these are people suffering from a physical sickness" (22). He believes that the province should subsidize patients on a *per diem* basis, as it would save for every patient prevented from going insane. However Clarke now opposes further integration with the General Hospital, in favour of a separate institution. He too exploits the figure of the person in the street, rendered all the more pathetic as a woman, "a poor old person whose brain happened to be affected by its arteries, or something like that" (27), who would presumably be better off at his clinic with its "research laboratories and all the other laboratory essentials in the modern treatment of this class of patient" (30). It is interesting that Clarke chose, as the typical

beneficiary of his facility, someone -- a chronic patient, a case of senile dementia -- who would not have gone there, but to the Asylum.

While the subsequent clinic, or rather Psychiatric Hospital, funded by the Rockefellers and run by the University, opened initially under the rubric of the Reception Hospital,<sup>xxxvi</sup> that institution, its particular *raison d'être* and its clientele, had all been elided in reality as effectively as the Asylum had been in print. The fears of provincial officials such as Inspector Dunlop, that the involvement of the university would lead to the creation of a facility "a little too advanced for the demands of the public" (quoted in Greenland, 47), were only too prescient; they anticipate contemporary criticisms of the Clarke Institute.

The "Terra Incognita" of Mental Hygiene: Moral Imbeciles, Prostitutes, and other Weaklings and Defectives

IN 1914 Clarke finds the case of William B., in the "Notes of a Clinical Case,"<sup>xxxvii</sup> of "undoubted interest" (207). No doubt part of its "interest" lies in its connections with D. Hack Tuke, who discussed William B. in an article in the *Journal of Mental Science* of October, 1885. Clarke offers to supplement Tuke's work with his own, drawing in particular on information about B.'s childhood obtained from a friend, Dr. A.C. Bowerman. B.'s history tends to privilege his later years, as his behaviour brings him to the attention of the authorities. Apart from the information on his childhood provided at second or third hand by Clarke, his history is largely the record of such attention.

Other interest stems from the problem that B.'s disorder presents for classification as either an "imbecile" or a "subject of mania" (207), and from the ability of the case history, at least as expanded by Clarke, to offer a solution. William B. was born in Swansea, Wales, in 1838. After the death of his mother and his father's remarriage, he immigrated with his family to Canada when he was still a child. Clarke's history emphasizes William B.'s delicacy, and his increasing destructiveness as he grows stronger, as if evil were not accidental to him but essential -- his real nature.

Clarke also emphasizes the "extremely nervous" nature of the father, by whom William B. is educated at home in Canada. This father is at once "a gentleman of the old olden type," as Clarke rather affectedly describes him, and himself a social misfit whose unexplained "banishment" to Canada only exaggerates his alienation. The father becomes unnaturally class-conscious, imposing "ridiculous and absurd" restrictions on his family. He suffers from "unnecessary fears concerning his children." While Clarke does not emphasize the connection, these would appear to have excited his "hysterical antipathy" to animals. William B. first expresses his "moral imbecility" by torturing poultry. In such suggestive ways the son's subsequent narrative of "moral imbecility" almost seems to be an extension, a criminal completion, of the father's story of immigration and exile in -- as Clarke puts it -- the "primitive society" of Canada.

William B.'s subsequent "career" becomes a grotesque parody of the father's, just a William himself grotesquely caricatures his father's gentlemanly ideal. After advancing to mutilating horses and assaulting siblings, he briefly finds a place for himself in the United States Cavalry. He deserts, and resumes his torture of animals and people alike, till he is committed to the Rockwood Criminal Asylum in February in 1870 and the penitentiary in 1877. Pardoned in 1878, immediately upon his release he mutilates another horse, is recaptured, and admitted to the Kingston Asylum.

The rest of William B.'s career is worse. On August 20, 1884, he escapes from a picnic on the Asylum grounds, assaults a 13 year old girl, but is arrested before he can rape her. Clarke uses the subsequent trial to illustrate the need for the law to take into account such phenomena as moral imbecility and criminal insanity. While it is impossible to convince the public that William B. is "irresponsible," it

seems unwilling to find him simply guilty either. The result of this impasse is leniency, a six-month sentence after which William B. would be released once again into the community. Clarke cynically observes that "B. was delighted at the prospect and seems to have thoroughly appreciated the advantages to be gained from being a moral imbecile" (227).

From Clarke's testimony "moral imbecility" comes to involve, or at least to allow for, the capacity to create the "impression" of having "a mind equal, if not superior, to that of the average of his class in life" (220). Perhaps it also allows the doctor to account for strikingly immoral behaviour in someone like William B., who otherwise does appear to be responsible, or simply criminal. The operative word is "impression," as Clarke insists:

after an extended acquaintance with B. you are convinced that he is in reality a man of a very low order of intellect, in fact, deficient and imbecile, ever ready to be influenced by the first advice he hears, be it for good or evil. (220)

Clarke is (understandably) nervous about the similarity of "moral imbecility" to an older diagnosis of "hazy definition," "moral insanity," from which he distinguishes it as a firmly identifiable "absolute type." Part of this tendency toward "absolute" identification is discernible in Clarke's insistence on details like William B.'s apparently automatic or physiological reaction to the sight of blood:

He becomes excited, pale and agitated, and under the influence of the strange stimulant is particularly liable to the morbid impulse. Occasionally, after seeing blood, he has been known to act almost as if under the influence of an intoxicant, and has been terribly excited. (220-21)

Clarke's tendency is to reduce such responses to something like a chemical reaction, the better to exempt William B. from responsibility. Yet, Clarke insists, as if defending the value of his professional opinion, William B.'s demeanour is quite inconsistent with such behaviour. He was, at least while in the Asylum, "somewhat of a dandy" (219) -- as the photograph printed with the article confirms: a slight man with a thick moustache, rakish hat, dark suit, shiny pointed shoes. He is a dapper gentleman's son.

In the same year Clarke began what he called his "special survey of the defectives in the community of Toronto" ("The Defective Immigrant," (462), at his clinic run out of the Social Service Department of the Toronto General Hospital.<sup>xxxviii</sup> The clinic shared what Clarke considered the legitimate goals of any Social Service Department, "discovering the defectives in a community and providing proper care and treatment of them" (31).<sup>xxxix</sup> It proved "a gold mine" (31) of "feeble-minded children," "defectives" and weaklings from the "slum centres" of Britain but now "transplanted to the virgin soil of a new world" ("The Defective Immigrant," 463), many of them with the symptoms of dementia praecox. It was "imperative" that clinics like his be established in every community with 10,000 or more people and that "travelling clinics" be created to visit smaller all smaller communities. Each new clinic creates new information, new "Surveys," for "accomplishing true reforms and gathering facts with which to convince the general public" -- to fund more clinics ("The Story of the Toronto General Hospital Psychiatric Clinic," 33). Clarke's assistant, Dr. C.M. Hincks, founder of the Canadian National Committee for Mental Hygiene, seems unable to contain his joy:

Toronto is roused at last! The terrible menace of the feeble-minded has shocked the community.... Whence has come the dynamic power bringing about such an upheaval of public opinion? Many forces have been at work, but chief among these has been the Psychiatric Clinic.... Dr. C.K. Clarke stated that 54 per cent of the defectives examined at the clinic were of foreign birth. The newspapers published these startling statements and Toronto was convinced that the problem needed immediate solution. (33-34)

In "Juvenile Delinquency and Mental Defect,"<sup>xl</sup> Clarke observes that the Canadian National Committee for Mental Hygiene has carried its investigations into areas that have generally been avoided or ignored by the government. Previously, only those he characterizes as "amateur social reformers" have explored this "terra incognita" better left to professionals like himself. It was a new jurisdiction for his profession -- but like the original El Dorado to which Clarke's language continually alludes, it really was only a colony (as well as a myth).

By 1916 the Queen Street facility was receiving its first cases of shell shock. A 24 year old unmarried Methodist soldier, a butcher by profession, was admitted from the Reception Hospital on February 12, 1916, suffering from the delusion that he was a member of the Royal Family. The "Certificate" signed by Dr. Brown describes him as "depressed." He acted in a "repulsive way" and refused to speak. He refused to eat and had to be force-fed. Dr. Algie notes his insistence on taking off his clothes, his defective memory, and taciturn behaviour. Under "other facts" reported to him, Dr. Algie records the significant information that he "has been overseas and is said to have been in the trenches for 9 months."

Dr. Clare's note in the "Clinical Record" of December 4, 1916, describes his condition on being brought to Asylum by one Captain Calhoun:

He seems to be very quiet and will not speak. He lies perfectly still with his head covered up, at other times smiles in a silly way and says, "I do not know."

The man later revealed that he had enlisted about 2 years ago in the 20th Battalion at North Bay. He was diagnosed on Christmas Day as a case of "Catatonic Dementia Praecox." By February of 1917 he was thought to be recovering, although (according to Dr. Clare) he would laugh and smile "without cause."

He was out on probation to a sister from February to March of 1917. He returned to the Asylum and was transferred to Whitby in June of 1917. Clare writes that they thought "the outdoor life" might help him. A visit from "a coloured woman, claiming to be his sister," did not do him any good. Dr. Forster believed that, apart from the Dementia Praecox, there was "some slowly dementing process going on."

The refrain in letters from his family is his silence, and his tendency to run away. On August 26, 1917, his sister reported that "he got away on us one day walked about 2 miles before we could get him back." On July 4, 1918 he was returned to the Toronto Asylum. Dr. Forster's opinion must have been right, for Dr. Clare notes on November 17, 1918, that he

is degenerating noticeably. He is filthy in his habits and generally restive in his attitude. He still takes his food, however, with some persuasion.

On October 2, 1918 he was finally discharged. Then he seems to disappear. The Superintendent wrote his sister on August 11, 1920, that he "left this hospital ... in care of his brother. We have no record of him since that date."

The case of a 33 year old Roman Catholic is similarly opaque. Dr. Vrooman writes on his "Statement" of December 11, 1917, that he is

erratic, has delusions and hallucinations -- is restless, will sit for hours singing. Is inclined to be violent and excited.

According to the "Clinical Record" he had served with the Royal Engineers during the Boxer Rebellion in 1900, and had subsequently been "wandering from place to place as an ordinary labourer or as a sailor."

With the outbreak of hostilities he had returned to Canada and enlisted with the 37th Machine Gun [Battalion?] in March of 1915. He later transferred to the 36th Battalion. Once overseas he was drafted into the 1st Battalion and went to France. He was in France for 9 months. There he "underwent heavy bombardments around Messines, Plug Street and Hill 60."

The "Clinical Record" describes a condition that today we would call "shell shock":

He was never wounded but was buried due to shell explosions and after he got out he went to his dug out, says there he had a peculiar feeling, had a burning sensation in his face, felt as if he could not get his breath, went to the trench to get a drink of water. Says he felt dizzy as if he was going to faint.

He was transferred through a series of Dressing Stations, before arriving at the No. 8 Stationary Hospital at Boulogne where he was diagnosed as a "manic." He was extremely annoyed when some medical people attempted to attribute his illness to intemperance.

In Canada he continued to make the rounds. He was at Cobourg from October 11 to December 11, at the Toronto Asylum from December 11 to December 28, and from December 28 to January 4 at the Convalescent Hospital on College Street in Toronto. He was "on Yonge Street for trying to stop the cars and acting wildly," and returned to the Asylum. He was returned to relatives in England.

In March 1917 Attendant William Nelson was investigated for allegations of cruelty that had been made against him by a returned soldier.<sup>xii</sup> Inspector W.W. Dunlop interviewed various members of the staff. Dr. Clare stated that the patient arrived at the Reception Hospital on January 7, 1917, fresh from overseas, and with the belief that "he had been sent by the British War Office to France on a secret mission." He believed that Attendant Nelson was a spy. Nelson, it should be noted, was 28 years old and had been born in Sweden.

Dr. Forster, Superintendent, testified that the patient was always writing letters. He caught another patient going through his papers and the two patients began to fight. Attendant Nelson parted them, and the patient developed a grudge.

Dr. Forster describes the patient as "talkative, busy and pleasant," but convinced that "he has a mission to correct everything in the world." Leading the doctor, Inspector Dunlop asks whether "from the disease from which he is suffering, he might in endeavouring to spread his advice take particular spite on any particular person?" The Inspector seemed to want to take the line that the patient would have resented anyone who seemed to interfere with his "mission," and moreover would have had occasion to vent his resentment in performing that mission.

Dr. Forster pursued a different tack: the patient was "very accessible to a slight" and the Attendant's perceived interference would inevitably have been exaggerated into a "great grievance." The Inspector's "version" would at least have allowed the patient a degree of rationality -- it was rational to resent interference if you believed you really were about to save the world. Dr. Forster's version is a wholesale dismissal. Dr. Clare's observation, that the man's wife felt she had noticed something the matter with her husband about five years ago, seems part of general tendency to date soldiers' mental disorders to a time before the war.

The Inspector notes that Chief Attendant John Carson gave Nelson "a good name," and that the Head Nurse, Miss Dodds, felt that he was "one of the best, if not the best" man she had ever had. He concludes that the patient was "a case for pity rather than for investigation." The patient's own letters, in which he had not made any harsh criticism of the institution, were used against him.<sup>xiii</sup>

The report of the first annual meeting of the Canadian National Committee for Mental Hygiene in Toronto on May 27, 1919 contains news of the "shocking facts" of the prevalence of insanity in the respectable contexts of "the family, the school, and the shop" (173) as well as at Clarke's clinic. Colonel Thomas W. Salmon, as Medical Director of the U.S. National Committee for Mental Hygiene, argues that because war and civilian neuroses are "identical in their mechanism," the study of the former will also benefit civilian life. Neuroses are essentially the attempt of the individual to adapt biologically, at the

expense of "the individual ... and society" and of "social and economic efficiency" (172).<sup>xliii</sup> He proceeds to urge maintaining something like the vigorous wartime campaign against the neuroses even in peacetime. In his polemics the war becomes yet another gauge -- the latest and perhaps the greatest -- of the prevalence of mental disease since, though it occasioned neuroses, "they are many times more common in peace." Like Clarke he treats the war principally as an occasion for something else, namely mental illness, not by creating it (since it was there all along) but by exposing it. At least when he writes about it afterwards, for Clarke it seems less an outbreak of collective insanity than an opportunity to bring insanity to the front -- literally -- by inadvertently conscripting and bringing to the attention of the authorities so many of the insane, who had previously "found their niche in simple farm work or occupations of a routine nature" (1140);<sup>xliv</sup> the war exposes them, not just to enemy fire but also to "friendly" surveillance and control. Clarke celebrates what he considers the greatest lesson of the war, that many "insane" people can become "useful hewers of wood and drawers of water." If this is true, psychiatry only "discovered," and at considerable cost to the insane themselves, what they already knew.<sup>xlv</sup> Perhaps they publicly underestimated the war to avoid the rhetorical trap of suggesting that insanity was caused by the war and the implication that therefore their movement might relent upon the cessation of hostilities. At any rate, at the risk of trivializing as well as exploiting the horrors of World War I, Salmon urges that the "mental hygiene" movement remain on a continuous "war footing" in a virtual war against insanity.

In the "Report of the Medical Director" which follows the report of Salmon's speech, Clarke describes the movement's educational activities. They first interested the Canadian Army Medical Corps in obtaining trained social workers for the neurological units, then they developed a special course for such workers at the University of Toronto, and subsequently trained "no less than thirty-two nurses from all parts of Canada" (176) for the Department of Soldiers' Civil Re-Establishment. He also reports his inspection of all Western asylums where soldiers were patients (175). His insistence that the only solution for such provincial institutions was "the appointment of independent Commissions" is partly a reaction to the conditions he was allowed to observe, but also to those he was not: by this time he had been forbidden to set foot inside any Ontario Hospitals for the Insane.<sup>xlvi</sup>

- i · Cyril Greenland, Charles Kirk Clarke: A Pioneer of Canadian Psychiatry (Toronto: The Clarke Institute of Psychiatry, 1966).
- ii · Cyril Greenland, "Origins of the Toronto Psychiatric Hospital," TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966, ed. Edward Shorter (Toronto: Wall & Emerson, 1996), 19-58.
- iii · The Archives of Ontario contains ample evidence of political interference and collaboration if not collusion on the part of doctors and politicians alike. After the defeat of the provincial liberals in that year's election, Dr. Daniel Clark of the Toronto Asylum, himself a long-time "Grit," wrote the new Provincial Secretary, W. J. Hanna, on April 24, 1905 to offer him his resignation:

I am now in the thirtieth year of my superintendency of this asylum. I am also in the seventy fifth year of my age and although my capacity for work remains normal yet it is my wish to retire from the cares and responsibilities which my present position entails.

Clark lists several pages of "improvements, executive and structural." He believes that the best gauge of his achievements is the "the faith the public has ... in our work," and the best gauge of that is the "revenue from the payments of relatives." By this gauge, an increase from \$12,000 in 1874 to \$41,000 in 1904, represents an improvement of "public trust" by several hundred percent. It seems unlikely that such moral arithmetic would have conveyed anything to the Hon. Provincial Secretary, beyond perhaps the vague impression of more money to spend. Whether it would have encouraged him to "favourably consider," as Clark went on to request, a "retiring allowance" along the lines of what Workman got, "after twenty two years service ... \$5000," as Clark reminds him, seems equally unlikely. Attached is a copy from the Hon. W.J. Hanna's secretary, rather coolly acknowledging the receipt of the Superintendent's letter, and accepting his resignation. There is no mention of the "allowance." See the Archives of Ontario, Provincial Secretary's correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of Dr. Daniel Clark of April 24, 1905, Container 7, Daniel Clark Folder.In a letter to the Honourable W.J. Hanna dated June 23, 1905, Mr. James S. Fullerton [?] wrote the Hon. W.J. Hanna to ask that one Dr. Williams be appointed Medical Superintendent of the Toronto Asylum. Williams's principal recommendation is having been a loyal Conservative or, as Fullerton more circumstantially puts it, "for the last twenty-five years at least ... the recognized standard bearer of Conservative principles in South Oxford, speaking from many platforms [sic] at every election." Fullerton concludes that "there is no man in Canada who has given more constant, more unselfish or better work to the Conservative Party, in his way, than Dr. Williams."Williams has run several times for South Oxford and been defeated, first by Adam Crooks, and second by Dr. McKay. The writer argues that since the Conservative incumbent owed his late victory partly to Dr. Williams's earlier work on behalf of the party, since Dr. McKay had been promised the superintendency of the Toronto Asylum had he won, and since the Toronto Asylum was a provincial institution, "it seems very fitting that [Dr. Williams] be awarded the prize." See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from James S. Fullerton of June 23, 1905, Container 30, Toronto Asylum Folder.Dr. Williams does not have any special training for the position, and the writer does not seem to think that he should. For both sides the appointment is a blatant, shamelessly political trophy. Moreover the felicity of awarding it to Dr. Williams lies not just in giving it to a Conservative doctor, who might conceivably have been a competent alienist, but in giving it to a Conservative doctor who is also the personal enemy of the Liberal doctor for whom it was intended. A fat folder in the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Container 106, labelled "J.J. Williams Folder," indicates how vigorously Williams campaigned for the superintendency of an Ontario psychiatric hospital -- any Ontario psychiatric hospital.Williams himself wrote on March 31, 1905 to apply for the "position of Medical superintendent of the Woodstock Asylum." He immediately emphasizes not his medical qualifications but his political connections and, moreover, his "strong claims on the Government worthy of recognition." He has campaigned in numerous elections, "both on and off the Platform," and has even been thanked by the premier, Mr. Whitney, "personally by letter," for helping to elect one Mahaffy in a recent bye-election. Only after relating these political qualifications, does Williams mention his being "a Graduate of Twelve years standing of both Toronto and Victoria, and having been steadily in practice ever since." The letter seems to have been accompanied by a brief note from A.B. Thompson, M.P.P., recommending him for the position. Williams forwards more recommendations, on April 29 and May 6.It seems to have been the same at every other Asylum. Take but two more (related) examples, Dr. Spohn's "retirement" from the Penetang Asylum, and Dr. McCallum's transfer to the same institution. On November 30, 1907, Dr. Spohn, Medical Superintendent of the Asylum for the Insane, Penetanguishene, wrote to the Hon. W. J. Hanna, Provincial Secretary. In the first two (undated) pages, he explains that the second part is a "brief statement of the work done at this Asylum since I have been in charge." He also reminds the Provincial Secretary of the details of an earlier discussion at which one A.P. Campbell (Dr. Spohn's lawyer?) was present. According to Dr. Spohn these details included the Provincial Secretary's verbal agreement to give him \$3500 upon retirement from the Asylum, plus \$1750 for his thirty-two years as surgeon at the reformatory. The total comes to about \$5000, which, Dr. Spohn points out, was what Inspector Christie got when he retired.The accompanying 10-page letter "justifies" this gratuity. Moreover, with its often rather craven and pleading tone, its slightly paranoid asides at political foes imaginary or real, it indicates the political climate in which it was written. It also indicates the ethical environment, since not once in its ten pages are patients mentioned, though it is clear that they did the physical labour, the building and farming which together comprise the sole basis and justification for Dr. Spohn's claim to such a fat "gratuity."After five pages detailing such work, Dr. Spohn states his thesis, which is that he is not retiring but being unjustly removed, "because certain parties have been howling for my head since the change of Government." This unnamed enemy has schemed against and misrepresented Dr. Spohn to the Provincial Secretary. According to Dr. Spohn, his enemy, who will "stop at nothing," has boasted that he would seize the opportunity created by change of government and his own "great influence" in the same, and "see that my head was cut off." With an unnamed "Lieutenant," this foe has enlisted the townspeople to misrepresent the good doctor to the government, and intrigued to get their followers on the staff. The latter fabricate problems within the Asylum, which in turn become the basis of further misrepresentation.Dr. Spohn concludes that he is the victim of a political conspiracy, all the more unjustly considering that, as he says, "I have taken no interest in politics in any shape of [sic] form since my appointment." He is especially incensed that he has been accused of spending too much time away from the Asylum operating a dredging business, while Dr. Ryan of Kingston is allowed to maintain a private practice, because he is "fortunately a Conservative." Dr. Spohn concludes that "different treatment is meted out to me, because forsooth -- I do not happen to be a Conservative."The tone of the Hon. W.J. Hanna's reply of December 5, 1907 is best characterized as frigid. The details, Hanna asserts, were not "in so far as the amount is concerned, as you put it." Speaking, as he writes, "from memory," he insists that the amount he had mentioned as "gratuity" was not \$3500 but \$2400 or 2600, based on the salary actually paid. He also insists that he had stated at their meeting that anything beyond that amount, a year's cash salary, "would be a matter of argument." The matter would have to be resolved by the Cabinet Council, when the contents of Dr. Spohn's letter would be given "proper consideration." The Provincial Secretary concludes rather wanly that "I did not give any assurance as to what the Council would do with regard to such excess amount."There is every indication that Dr. Spohn was being eased or bought out by the governing party, and that he might have been misled as to the amount of

the purchase.

On May 19, 1909, one Mrs. Webster wrote one Mr. Dargavel, MPP for Elgin, begging him to get rid of her boss, Dr. McCallum, Medical Superintendent of the London Asylum, "the blackest Grit that ever trod the earth." She claims that he is driving the staff mad, especially herself it sees: "Yesterday and to-day [sic] we are all almost insane ourselves .... we will all have to resign if something is not done." The mass resignation of the Conservative staff of an insane asylum, because they have been driven mad by the Liberal officers, poses an interesting medical problem.

Mrs. Webster seems to have joined the staff in some sort of clerical capacity; she complains that Dr. McCallum "will not allow me to control the mails" -- adding, incidentally, that "he could not treat a squaw worse than he treats the Assistant Matron and myself." The Liberal McCallum has made this good conservative woman's life a "hell on earth." Those good Tories, "the Hon. Mr. Hanna or Hon. Mr. Whitney had not the faintest idea what a brute they have here feeding at their board." If they did, she heavily implies, they would fire him immediately.

She adds a litany of reasons. That "he is hated like poison here," seems obvious enough already. That "the Conservatives cannot get at him here in the Constituency," basically because "he has nothing to do with any person around the town or country," seems only sensible on his part. But most of these "reasons" seem to amount to little more than the fact that she and her Conservative friends hate the good doctor, and that he is "an old miserable, mean Grit [who] would not let one of us live if he could help it," which seem like the one and the same reason. She concludes her argument with an irrefutable reason, that Dr. McCallum, apparently already filthy rich with ill-gotten Liberal booty, should not continue to "get his living out of Conservatives, when he never cast a vote for them in his life." Plunder is permitted provided it does not cross party lines.

While Mr. Dargavel, M.P.P. for Elgin, forwards Mrs. Webster's letter on May 21, 1909, with a note that he has "considerable confidence in Mrs. Webster," the widow of a law partner of the Hon. John Wood, doubtless another loyal Tory, the Hon. Provincial Secretary is not so sure. He replies to Mr. Dargavel on May 28, 1909, that he has already received some of Mrs. Webster's letters through George Taylor, M.P. Whether or not on account of the "blackest Grit that ever trod the earth," the Hon. Mr. Hanna expresses his opinion that Mrs. Webster is indeed "breaking down mentally."

Yet it is evident that the Provincial Secretary had been trying to get rid of McCallum for some time. In a letter to Dr. of November 14, 1907 to Dr. William Osler, Regius Professor of Medicine at Oxford, Hanna himself criticizes Dr. McCallum for some of the same things as Mrs. Webster:

The fact is the Doctor has made the mistake of being General, and Lieutenant, and Private, and everything else in sight, instead of putting himself in a position where he could look to the heads of the different Departments under him for results.

Hanna's letter to Osler also seems to confirm Mrs. Webster's depiction of McCallum's isolation and general unpopularity:

The Doctors of London and vicinity, irrespective of politics, were quite outspoken in their opinion that it would be unfair to the Department and the Province to continue Dr. McCallum there.

While he agrees with Dr. Osler, that McCallum is a good man as well as a good doctor, he intends to transfer him to the Asylum at Penetang.

An article in the London Free Press of November 11, 1907, notes that Dr. Robinson would become Medical Superintendent in London, with Dr. Harris as his likely assistant, replacing the late Dr. Buchan. The article also reports an anonymous statement, that Dr. McCallum would not accept the transfer to Penetang, a "minor post." An earlier letter from Hanna to McCallum dated October 9 indicates that McCallum had thought (without foundation, Hanna claims) that his transfer was to Brockville. A "secret" note from McCallum's wife, dated October 12, begs Hanna to delay the transfer till Spring: "Perhaps I am foolish about it but going to that North Country in the winter-time fills me with unutterable dread." The note is black-bordered, like the announcement of a death or a funeral, as if Mrs. McCallum saw the transfer that way, and wanted the Provincial Secretary to know that she did. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter (undated or November 30, 1907) from Dr. Spohn, Container 30, Envelope 23.1; the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from Mr. J.R.R. Dargavel, M.P.P. of May 21, 1909, Typed Transcript of Letter from Mrs. Sara Webster of May 19, 1909, Letter from Hon. W.J. Hanna to J.R.R. Dargavel of May 28, 1909, Container 30, Envelope 23.6; Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of November 14, 1907 to Dr. William Osler, Container 23, Folder 23.32.

Given these rather sordid goings-on, Clark's reply to Dr. Lusk, the Secretary of the Ontario Medical Association, asking him to "write a paper dealing with the question 'Of forward work in the Asylums,' and the present method of appointments, etc.," seems pragmatic in the extreme. Perhaps because he is already enjoying the benefits of a good appointment himself, he expresses himself "content to wait until the Government has shown itself opposed to adopting the ideals of the Medical profession." Moreover, he argues that "If we are given a Psychiatric clinic in Toronto ... the question of political heads for Hospitals for the Insane, will die a natural death." This must have been wishful thinking, or false. Perhaps it would not be too cynical to suspect that Clarke was willing to overlook such matters in the Asylums for the sake of his clinic, and generally to connive at "political interference" so long as it went his way. His deviousness is in implying that if people would only tolerate intolerable conditions at the Asylums for the sake of his clinic, they would eventually have not only that but improved asylums as well. This seems consistent with my own thesis, developed below, that in his numerous arguments Clarke merely exploited the Asylum and its patients or inmates, very much as his predecessors had done. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.J. Hanna Files (1905-1916), Container 47, C.K. Clarke Folder.

- iv · See "Fatal Assault on Dr. Metcalf," *American Journal of Insanity* 42.1 (October, 1885): 259-66. The attack is reported as one in a series of such incidents, ie., "Not many months have elapsed since we had occasion to chronicle desperate assaults made by homicidal madmen on two English Superintendents, and these had followed, at short intervals, on similar acts of violence at home and on the continent of Europe" (259). Metcalf's assailant, the 55 to 60 year-old chronic patient named Patrick Maloney, appears to have suffered from paranoia, but enjoyed considerable liberty under the "open door" system: "He usually ate his breakfast about 7.30 o'clock, and going out, paced about, slept or played euchre" (263). When arrested he observes "that he thought he had at last given the doctor his blood money" (263). The tendency of the article is to suggest that insane criminals like Maloney, who had initially been accused of arson, pose special problems in terms of classification and accommodation. The remark of Dr. Sullivan, one of Maloney's original jurors, acquires a double irony: "he considered the man perfectly sane, and that there were hundreds of men walking the streets no worse than Maloney was" (264). Perhaps another irony is the article's appearance before a report of "The Case of Louis Riel," which would pose similar problems of classification.
- v · Cyril Greenland, "Origins of the Toronto Psychiatric Hospital," *TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966*, ed. Edward Shorter (Toronto: Wall & Emerson, 1996), 19-58.
- vi · C.K. Clarke, "Mental Hygiene in Canada," *The Lancet* 1 (June, 1923): 1139-41.
- vii · The mental hygiene movement began in the United States in 1909 when Clifford Whittingham Beers, author of *The Mind that Found Itself*, founded the Connecticut Society for Mental Hygiene and later the National Committee for Mental Hygiene Incorporated. According to John D. Griffin, General Director, 1952-71, the Canadian National Committee for Mental Hygiene was organized by Dr. C.M. Hincks after a meeting with Beers in 1917. The original mandate of the organization emphasized extending psychiatric examination to recruits, to immigrants, and to the mentally deficient. See Griffin's

In Search of Sanity: A Chronicle of the Canadian Mental Health Association, 1918-1988 (London (Canada): Third Eye, 1989).

- viii · The institution in question officially opened at the Queen Street location (999 Queen Street West) on January 26, 1850 as "The Provincial Lunatic Asylum, Toronto." In 1871 it became "The Asylum for the Insane, Toronto." In 1907 "Asylum" was changed to "Hospital"; in 1919 it became known as "Ontario Hospital, Toronto." I have used the term "Asylum" throughout, as it is simpler and less euphemistic. The Queen Street Mental Health Centre is still in operation, though no longer an autonomous provincial entity.
- ix · Untitled, The Bulletin of the Toronto Hospital for the Insane 1.1 (1907).
- x · C.K. Clarke, "Dementia Praecox," British Medical Journal 2 (1906): 755-57. The term was coined by Emil Kraepelin in 1899 and at least initially identified the same "concept" as Eugen Bleuler's term, "schizophrenia," of 1908. See Erik Stromgren's "Autism: Core of the Schizophrenic Reaction," and Manfred Bleuler's "The Concept of Schizophrenia in Europe During the Past One Hundred Years," and others in What is Schizophrenia? (New York: Springer-Verlag, 1991), for some discussion of the problematic status of "dementia praecox" or "schizophrenia."
- xi · Clarke himself offers a convenient definition in "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21.6 (June, 1907): 343-48. "Now, what is dementia praecox [sic] -- in other words, precocious dementia? If we limit its definition carefully, we find that it is a form of mental disease appearing generally at the first developmental crisis, rapidly running a course culminating in dementia, as characterized by apathy, indifference, negativism, irrelevance and inability to make continued mental effort" (344). See J.P. Harrison, M.D., "Dementia Praecox," The Bulletin of the Ontario Hospitals for the Insane 3.5 (April, 1910), 6-16. He was the Clinical Assistant at the Toronto Asylum in 1910, so his definitions must reflect the way the disease was perceived toward the end of Clarke's tenure at the Toronto Asylum. His definitions are (not surprisingly) very close to his Superintendent's. Dementia Praecox is a "disease ... of the period of puberty and adolescence. It is characterized by a dementia that tends to progress, but which is frequently interrupted by remissions. The majority of cases occur between the ages of twenty and forty, though cases have been reported even earlier than the fifteenth year and as late as the fiftieth" (6-7). General symptoms include "lack of interest, carelessness, and indifference to dress and environment" (9). He also discusses the forms. "Hebephrenia" is characterized by "mental apathy and progressive dementia" (10), "catatonia" by "hysterical attacks, with epileptiform convulsions" (12), and "paranoia" by "delusions of persecution ... not well systematized, occurring in conjunction with marked intellectual impairment" (15). Like Clarke, he considers dementia praecox, or at least the disposition to it, an inherited disorder. He theorizes that the "disease" -- "retrograde process" (7) -- is "hastened, or perhaps immediately initiated" by "debilitating influences in early life, such as excessive study, masturbation, etc." (7).
- xii · This resembles a part of the process whereby, according to Thomas Szasz, psychiatrists "extend the boundaries of medicine over morals and law" (22) to make themselves what he calls "religious-political leaders and conquerors" (35). In the passage quoted by Clarke in the text of his report to the Provincial Secretary, Kraepelin uses metaphors of imperialism and conquest. Szasz argues that dementia praecox or schizophrenia is not a disease but a behaviour. See Thomas Szasz, Schizophrenia: The Sacred Symbol of Psychiatry (New York: Basic Books, 1976).
- xiii · C.K. Clarke, "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21 (June, 1907): 343-48).
- xiv · See Nikolas Rose, The Psychological Complex: Psychology, Politics, and Society in England, 1869-1939 (London: Routledge & Kegan Paul, 1985), for a discussion of how what he terms the "psychology of the individual," denies the agency and social being of the patient, in the name of "mental deficiency."
- xv · C.K. Clarke, "The Early Diagnosis of Dementia Praecox," Canadian Journal of Medicine and Surgery 37 (January, 1915): 6-14.
- xvi · C.K. Clarke, "A Critical Study of the Case of Louis Riel," Part 1, Queen's Quarterly 12 (April, 1905): 379-88; Part 2, Queen's Quarterly 13 (July, 1905): 15-26.
- xvii · Greenland is very much "C.K.'s" (as he calls him) apologist on this score, defending Clarke's policy on economic grounds. See Cyril Greenland, Charles Kirk Clarke: A Pioneer of Canadian Psychiatry (Toronto: Clarke Institute, 1966), 21-22.
- xviii · C.K. Clarke, "The Defective and Insane Immigrant," The Bulletin of the Ontario Hospitals for the Insane 2.1 (July, 1908), 3-22.
- xix · C.K. Clarke, "The Defective and Insane Immigrant," The Bulletin of the Ontario Hospitals for the Insane 2.1 (July, 1908), 3-22.
- xx · C.K. Clarke, "Some Aetiological Factors in Insanity, also a Few Remarks on Expert Evidence," Canada Lancet 44 (January, 1911): 356-66.
- xxi · C.K. Clarke, "The Defective and Insane Immigrant," The University of Toronto Monthly 8 (June, 1908): 273-78.
- xxii · Thomas Edward Brown, in "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D dissertation, 1981) sees Clarke's departure from the asylum service as "symbolic of the direction the 'new psychiatry' would take in the years following the First World War" (373). Given the divided loyalty apparent in Clarke's texts, Clarke's official departure seems inevitable and somewhat foregone -- symbolic in more ways than one, of more things than one.
- xxiii · C.K. Clarke, "Canada and Defective Immigration," American Journal of Insanity 65 (1908): 186-88.

- xxiv · C.K. Clarke, "The Defective Immigrant," Public Health Journal 7 (November, 1916): 462-5.
- xxv · Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Memorandum from C.K. Clarke to W.J. Hanna, Container 47, C.K. Clarke Folder.
- xxvi · Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Willoughby Commission Report to the Hon. W.J. Hanna (1907), Container 47, C.K. Clarke Folder.
- xxvii · The commissioners decide against asylums based on the cottage system, in favour of "centralizing some of our Asylums for chronic" (3). Although they insist on their greater comfort to the patients, a major consideration is "a large reduction in the cost of management to the State" (3).
- xxviii · "Preface," Bulletin of the Ontario Hospitals for the Insane 2.4 (November 1909), 3-4.
- xxix · C.K. Clarke, M.D., "The Relationship of Psychiatry to General Medicine," Bulletin of the Ontario Hospitals for the Insane 2.4 (November, 1909), 5-15.
- xxx · See, for an example of this, C.K. Clarke's "The Korsakoff Psychosis," Bulletin of Ontario Hospitals for the Insane 41.1 (October, 1910): 17-38. Clarke's article concludes with several pages of such "confabulations," as recorded by a stenographer present at an interview conducted by himself and another doctor. It is no small part of Clarke's argument to depict such oral testimony as worthless except as an indication of neurological damage, though it provides, as he snidely remarks, "no end of good material for students of the Jung and Freud school."
- xxxi · Dr. Harvey Clare, "The Relationship of the Hospital for Insane to the General Practitioner," Bulletin of the Ontario Hospitals for the Insane 8.4 (July, 1915), 161-69.
- xxxii · J.M. Forster, M.D., "Reception Hospitals for Cases of Mental Disease," Bulletin of the Ontario Hospitals for the Insane 7.3 (April, 1914), 127-31.
- xxxiii · Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files 1916-1919, Letter from Dr. Harvey Clare to Inspector W.W. Dunlop of January 15, 1918, Container 100, Toronto Hospital for the Insane, Reception Hospital Folder.
- xxxiv · Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), "Memorandum [of December 6, 1918] for the Honourable W.D. McPherson, Provincial Secretary," Container 100, Toronto Hospital for the Insane, Reception Hospital Folder.
- xxxv · Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Notes of Deputation re Toronto Reception Hospital Representing the Board of Control, Members of the Medical Profession, Local Council of Women, and Other Bodies Interested, Container 100, Toronto Hospital for the Insane, Reception Hospital.
- xxxvi · The Toronto Psychiatric Hospital opened to receive patients on November 30, 1925.
- xxxvii · C.K. Clarke, "Notes of a Clinical Case. The Case of Wm. B. -- Moral Imbecility," The Bulletin of the Ontario Hospitals for the Insane 7.4 (July, 1914): 207-31.
- xxxviii · C.K. Clarke, "The Defective Immigrant," Public Health Journal 7 (November, 1916): 462-65. See also "The Need of a Psychiatric Clinic," Bulletin of the Toronto Hospital for the Insane 8.3 (April, 1915): 103-8. Clarke calls this clinic, which appears to have succeeded the "Ward Clinic" in 1914, the "Feeble-Minded Clinic" and describes it as "a department thoroughly equipped and officered" for the study of "heredity, environment, and other social conditions playing important parts in the development both of imbecility and psychoses" (107). One of its workers was Clarence Hincks, the associate medical director and secretary of the Canadian National Committee for Mental Hygiene, of which Clarke became medical director in 1918. This appears to be the same facility referred to as the "Mental Deficiency Clinic" in an article by C.R. Myers, "Notes on the History of Psychology in Canada," The Canadian Psychologist 6 (January, 1965): 4-19. From 1914 till 1920 there was also a Reception Hospital, for the treatment of incipient insanity. It was replaced by the Toronto Psychiatric Hospital, which opened in December, 1925. To Jennifer Stephen in Mental Hygiene, Mental Defect and Mental Age: The 'Feeble-minded Woman' and the Work of the Toronto Psychiatric Clinic, 1900-1927 (Unpublished Master's Thesis, Graduate Department of Education, University of Toronto: Toronto, 1995), the fact that Clarke's clinic was run under the auspices of the Social Service Department indicates "the reluctance of the established medical profession to endorse the form and application of psychiatry practised by Clarke and Hincks" (8).
- xxxix · C.K. Clarke, "The Story of the Toronto General Hospital Psychiatric Clinic," Canadian Journal of Mental Hygiene 1.1 (1919): 30-37.
- xl · C.K. Clarke, "Juvenile Delinquency and Mental Defect," Canadian Journal of Mental Hygiene 2 (October, 1920): 228-32.
- xli · Archives of Ontario, RG 8-5, Provincial Secretary's Correspondence, W.D. McPherson Files (1916-1919), Container 58, W.W. Dunlop Folder.
- xlii · The issue of shell-shock and the doctors' reaction to it is beyond the scope of this book, but it is clear that their reaction to this disorder was influenced by their desire to establish psychiatry on a "somatic" and "scientific" footing, on a par with general medicine.

Clarke's successor in Kingston, Dr. Edward Ryan describes conditions at the Ontario Military Hospital in a personal letter to Provincial Secretary Hanna dated April 26, 1916. The other Medical Staff, in particular a Colonel Graham Chambers, have shown strong opposition to a separate "psychopathic section," the sole provision for which has been "a portion of one ward ... taken by means of a wooden partition" (3). The "beautiful baths" which Armstrong sent had to be installed end to end because of the narrow room. Chambers has insisted that "a Department of Medicine should control this section" (3).

In his letter of May 11, 1916, addressed "to general," now Captain Edward Ryan, M.D., reports visiting the Springfield Military Hospital, and an interview there with Colonel Aldren Turner. The latter described how, because of the difficulty of separating cases of psychosis from psycho-neurosis at the front, they had decided to treat all such cases as one group. Ryan's own opinion of such cases is a remarkable example of the persistence of a somatic and neurological approach to mental illness, and of the concept of "degeneracy":

From what I have learned by observation and by discussion, both with the heads of hospitals and such men as Major Mott and Colonel Aldren Turner, it is clear that the myriad cases of psychosis, psycho-neurosis, functional paralysis, anasthesias, hyper-aesthesia, hysterics, cases of mutism, of tremors and shock, are all sprung from the same cause, namely, a faulty heredity and an unstable mental basis; a neurotic temperament, accompanied often by depressing environments and lowering habits of life. As they are all due to the one cause, so are then [sic] amenable to the same treatment; they yield to the same action and re-act to the same influence. (5)

This confident assertion of the somatic nature of war-related mental illness is obviously related to the immediately following argument for a "Psycho-pathic Hospital" [sic] for the Canadian Expeditionary Forces, for the treatment of "all cases of a psychic or a psychoneurotic character" (6). There are already beds and therapeutic equipment at Orpington, which could be added to by the Provincial Secretary, and the facility would be staffed by physicians and nurses who had already acquired "experience, energy and judgment" (6) working in Ontario Hospitals. Other reasons for a "Psycho-pathic Hospital" echo C.K. Clarke's reasons for a clinic, such as the "early and energetic treatment" without which patients would be "helpless for life, unfitted for industrial pursuits ... a burden on their friends and on the community" (6). The somatic claim that Clarke used to argue for treatment of mental disorders at a clinic is now made by absurdly discounting the impact of the war, and for the very disorders whose resistance to somatic explanation would be used to promote the new Freudian approach -- psychoanalysis. Ryan concludes patriotically, still appealing to the Secretary's practical sense:

The instincts of science and the interest of humanity alike demand that those who have so fallen shall receive from us our very best, that we may not only reward them for services faithfully rendered, and if we cannot restore them to what they once were we can do all that is possible to restore them to industrial life and to preserve their economic worth. (8)

Ryan prefaces the above with a note to S.A. Armstrong dated May 12, 1916, explaining that the accompanying document was his report, and quoting the remark of Colonel Chambers, M.D., that "I might find some place near by for my work .... the mental cases are not wanted at Orpington." Premier Hearst denies Ryan's statement, in the letter of April 26 (which the Provincial Secretary showed him), that "I informed him that the section was intended for the treatment of shock cases, mental and physical, and that it was intended to be a separate department" (1). He adds that "it was never intended that we should establish a complete Psychopathic [sic] Hospital."

However, in his "Memorandum" of June 8, 1916, the Assistant Provincial Secretary insists that "I never understood ... that this Section was to be considered merely as a ward of the medical section," and generally takes exception to the Premier's comments. He seems especially offended by Colonel Chambers's suggestion that Ryan "might find some place nearby for his work," and demands "in view of all the circumstances, where?" (2). He concludes that "in this respect, at least, the Dominion Army Medical Service has failed to appreciate the importance of affording facilities for the prompt treatment of the mentally affected Canadian soldier" (2).

Ryan seems to have got his way. In his letter to the Provincial Secretary of June 4, 1916, he reports ongoing friction with Colonel Chambers, who still insists that the mental wards "must be under him as part of medicine" (2). He contrasts his enemy with Achilles, who was "vulnerable in the heel .... Chambers is vulnerable in the head" (2). See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916) and W.D. McPherson Files (1916-1919). For background see Thomas Edward Brown, "Shell shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War" in Health, Disease and Medicine: Essays in Canadian History, ed. Charles G. Roland (Toronto: Hannah Institute, 1984), 308-332.

The newspapers continued to report cases of shell shock into the 1920s. One such article, in the Toronto Star of June 18, 1927, was headed "War Hurts Drive Man Crazy; Wife Destitute and Alone," exploits the negative reputation of the Asylum as a place of imprisonment, and the Gothic imagery of its "gloomy and relentless walls on Queen street," as a foil for the "spotlessly clean .... little house on St. David's street" that the patient has been deprived of by being committed.

The man had been a good worker, had received a gunshot wound over his right eye, and been awarded the D.C.M. On resuming his old job at Massey's he had suffered periodic bouts of "mental trouble" and finally been unable to work. He had been examined at the General Hospital and removed "to the confines of 999 Queen street west." The application for aid on his behalf had been turned down by the "Ottawa authorities." Now his wife was destitute. His case is seen as typical:

one of these most unfortunate of men who after arduous service and an A1 discharge reap in after years the harvest of the insidious seed that was unquestionably planted in the days of active service. "Post-war origin," is the cry of the authorities ....

The weekly visit of the patient's wife to the Asylum is "the most pitiful pilgrimage of all time." Her interview with her husband is "a tragedy that would break the barriers of cold indifference in the heart of the most callous." The patient calls tells his wife "You are my lady," and she replies "No, I am your wife." He gives her buttons or other trinkets, unaware that he is "at the centre of a ghastly calamity" and "living the life of the living dead."

xliii · "(Report of the) First Annual Meeting of the Canadian National Committee for Mental Hygiene," Canadian Journal of Mental Hygiene 2 (1920), 172-81.

xliv · C.K. Clarke, "Mental Hygiene in Canada," The Lancet 1 (June, 1923): 1139-41.

xlv · According to Thomas Edward Brown, "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D. Dissertation, 1981), during the inter-war period Canadian psychiatrists expanded their jurisdiction, "invading the precincts of the court, the prison, the school, the factory and even the home" (374). That the war actually facilitated such expansion is apparent in these texts.

xlvi · While my view of Clarke and his clinics is negative if not cynical, it is not inconsistent with Brown's view in Living with God's Afflicted that "Clarke's campaign to keep Ontario in the forefront of the 'new psychiatry,' by shifting the attention of both asylum officials and politicians away from the problems of the asylums to the promise of the psychiatric clinic, had the unintended consequence of perpetuating, and in some ways, justifying the abuses, deficiencies, indeed, the very system of institutions that Clarke was attempting to reform" (370). In some ways my version of Clarke resembles the

"progressive" of David Rothman's Conscience and Convenience: The Asylum and Its Alternatives in Progressive America (Boston: Little, Brown, 1980), with the importance difference that Clarke's intentions, so far as they can be told from his texts, are never simple, least of all in their "benevolence." Perhaps because of his pivotal role in the history of asylums, Clarke encapsulates (or compartmentalizes) in himself features of what Rothman sees as two sides of the same movement, the identification of problems in the asylum, and their cosmetic "solution" in ways that actually consolidate them. On Clarke's "banishment" see C.B. Farrar, "I remember C.I. Clarke (1857-1957)," American Journal of Psychiatry 114 (October, 1957), 114. See also Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files, Letter of December 28, 1918 to All Superintendents, Container 47, Dr. Harvey Clare Folder. Dr. Clare advises the superintendents of the Ontario Hospitals of Clarke's and Dr. C.B. Farrar's intention to visit "the various Provincial Hospitals on behalf of the Soldiers' civil Re-establishment" and warns them that "no general inspection of the wards or other portions of Provincial Institutions is feasible other than by the regularly appointed Inspector, without notice from this Department" (Clare had been appointed Assistant Inspector on August 29, 1918).